

## DAY CARE/GROUP HOME/FOSTER HOME/ PERSONAL CARE FACILITY SAFETY INSPECTION CERTIFICATE APPLICATION CITY OF GREAT FALLS-COMMUNITY DEVELOPMENT OFFICE 406-455-8414

GREAT FALLS, MONTANA 59403

FAX 406-454-3181

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Homes or Personal Care Facilitization of the approximation of the approx	ies are permitted within residential s a State of Montana License/Regi istration is required along with toplicant's primary residence.	or Home Day Cares, Group Homes, Foster areas (the location must be able to meet stration is first obtained. A copy of your his application. Family and Group Day
Name		
Location Address		
City	State	Zip Code
Phone	Email Address	
Description of Nature of Busines	s	
Owner's Name		
First Name	Initial	Last Name
Home Phone		
Please Circle if this is a Partnershumbers of each partner or office		rietor; list the names, addresses, and phone

## **SAFETY INSPECTION CERTIFICATE FEES:**

## THE APPROPRIATE FEE MUST ACCOMPANY APPLICATION

		<b>TOTAL</b>	SIC / ZONING
New Issuance			
Tier 1	0 to 2,000 sq ft	\$232.00	\$132.00/\$100.00
Tier 2	2,001 to 10,000 sq ft	\$273.00	\$173.00/\$100.00
Tier 3	10,001 to 25,000 sq ft	\$330.00	\$230.00/\$100.00
Tier 4	25,001 to 50,000 sq ft	\$399.00	\$299.00/\$100.00
Tier 5	50,001 to 100,000 sq ft	\$543.00	\$443.00/\$100.00
Tier 6	Over 100,000 sq ft	\$700.00	\$600.00/\$100.00
Renewals			
Tier 1	0 to 2,000 sq ft	\$ 63.00	
Tier 2	2,001 to 10,000 sq ft	\$ 98.00	
Tier 3	10,001 to 25,000 sq ft	\$144.00	
Tier 4	25,001 to 50,000 sq ft	\$207.00	
Tier 5	50,001 to 100,000 sq ft	\$345.00	
Tier 6	Over 100,000 sq ft	\$500.00	

\*

Federal, State and Local Government Agencies are exempt.

DATE

## **CERTIFICATION**

I HERE BY CERTIFY	THAT I HAVE F	FILLED OUT	THIS APPLIC	ATION TO THE	E BEST OF	MY
KNOWLEDGE. I FURT	THER UNDERSTA	ND THAT A	NY PERSON F	ROVIDING MIS	SINFORMAT	ION
UPON THIS APPLICAT	TON SHALL BE G	<b>JUILTY OF A</b>	<b>MISCEMEANO</b>	OR PUNISHABL	E BY PENAI	LTY
OF UP TO \$500.00 AND	SIX MONTHS IN .	JAIL.				

SIGNATURE OF OWNER