

SAMPLE COPY - SCHEDULE AUTHORIZATION FORM

SCHEDULING AUTHORIZATION

To Whom It May Concern:

I understand that my application for a home child care facility will be reviewed by the Applications Acceptance Branch in the Department of Planning and Zoning (DPZ). Once my application is deemed acceptable and forwarded to the Special Permit and Variance Branch in DPZ, a hearing date will be determined. Due to the volume of special permit and variance applications currently being submitted, I understand and agree that the public hearing for my request may be scheduled outside the 90-day timeframe typical for such applications.

(Name of Applicant)

(Signature of Applicant)

(Date)