



Planning and Development Department
4949 Canada Way, Burnaby, BC V5G 1M2
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HOME BASED CHILD CARE REFERRAL FORM (up to 8 children / 2 staff)

Section 1: Facility Information

FACILITY NAME:

FACILITY ADDRESS:

Section 2: Operator Information

Name:	
Mailing Address:	
Phone Number(s):	
E-mail Address:	

Section 3: General Information

The submission of this form indicates that you understand the City of Burnaby regulations and policies and agree to comply with them at all times.

A Home Based Child Care can not be operated unless consent from the owner(s) of all dwelling units on the lot is obtained ([Support for Home Based Child Care Form](#)), as per Section 6.8A(3) of the Burnaby Zoning Bylaw. If the property is Strata Titled, the Strata Council represents the Owner(s) and Strata Council meeting minutes are required to show owners of the strata lots on the property have supported the application.

The Facility Operator of a home-based child care facility must be a resident of the home in which the care is being provided ([Section 3 – Definitions of the Burnaby Zoning Bylaw](#)).

I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this referral form is accurate. I acknowledge that all work performed shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

OFFICE USE ONLY**Section 4: PLANNING DIVISION COMMENTS**

Submitted by:	
Date Submitted:	

Section 5: FIRE DEPARTMENT COMMENTS

Submitted by:	
Date Submitted:	

Case #:	
X-Reference Case #:	
Application Date:	
Completion Date:	
<ul style="list-style-type: none">• CSA to add to Master Database• Email to HPBurnaby@fraserhealth.ca	