VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING PROGRAMS

LICENSE MODIFICATION REQUEST FOR FACILITY CHANGE OF LOCATION

Instructions: To ensure timely processing, the licensee must submit a modification request to the area Licensing Office at least 60 days prior to the facility's planned change of location.

Licensee:				
Printed Name		Signature		
Licensee Email:		License Number (located on bottom left of license)		
Facility Name:				
Planned Date of Relocation	ı :			
OLD Physical Address:				
·	Street	City	State	Zip
OLD Mailing Address:				
<u> </u>	Street	City	State	Zip
NEW Physical Address:				
	Street	City	State	Zip
NEW Mailing Address:		au.		
	Street	City	State	Zip
OLD Telephone Number: _		NEW Telephone Number:		
DIRECTIONS TO NEW L	OCATION:			
All licensees except child-p Office regarding the new lo	0 0	nd family day systems must submit the following to t	he Licensii	ng
A co	opy of the fire inspe	ction, if required by program standards;		
A co	py of the Report of	Environmental Sanitation Inspection, if required by prog	gram standa	rds;
The	Building Evaluation	n or Inspection form, if required by program standards;		
A fl	oor plan, if required	d by program standards;		
A si	te plan, if required	by program standards;		
An :	asbestos statement,	for any child day center building built prior to 1978;		
Ver	ification of liability	insurance, if required by program standards; and		
	·	Contact with Local Zoning Administrator form (for new	site).	
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For child placing agencies only: Provide verification of applicable office setting and condition requirements by standards.