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| 様式第３号（第２条関係）（用紙　日本産業規格Ａ４縦型）  助産所開設許可申請書  年　月　日  　　　　静岡県　　　　　保健所長　様  　法人にあっては、その  　主たる事務所の所在地  住　　所  　　　　　　　　　　　　　　　　　　　　　　　　開設者  　法人にあっては、その  　名称及び代表者の氏名  氏　　名  　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  　　　　次のとおり医療法第７条第１項の規定により助産所の開設の許可を受けたいので、関係書類を添えて申請します。   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 助産所の名称 |  | | | | | | | | | | | 開設の場所 |  | | | | | | | | | | | 従業者の定員 | 助産師 | |  | | |  | | | 計 | | | 人 | | 人 | | | 人 | | | 人 | | | 敷地の面積 | ㎡ | | | | | | | | | | | 建物の構造概要 | 造り　　　　　　　　　　　　階建て | | | | | | | | | | | 助産所使用面積 | | ㎡ | | | 住宅使用面積 | | | ㎡ | | | 分べん室の構造 | 室面積 | | 床の構造 | | | 浴設備 | | | 機械器具  その他設備 | | | ㎡ | |  | | |  | | |  | | | その他の設備 | 消毒設備 | | | | |  | | | | | |  | | | | |  | | | | | | 入所定員 | 人 | | | | | | | | | | | 入所室 | 室番号 | 入所定員 | | 面積 | 内法面積 | | 採光面積 | 開放面積 | | 1母子当たり面積 | |  | 母子 | | ㎡ | ㎡ | | ㎡ | ㎡ | | ㎡ | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |  | |  | |  |  | |  |  | |  |  | |  | |
| |  |  | | --- | --- | | 階段の状況 |  | | 防火上必要な  設備の状況 |  | | 消火用の機械又は  器具の状況 |  | | 開設予定年月日 | 年　　月　　日 |   　　（注）　１　開設者が法人であるときは、定款、寄附行為又は条例の写しを添付すること。  　　　　　　２　敷地の平面図及び建物の平面図（各室の用途を明示し、妊婦、産婦又は婦を入室させる室については、その定員を明示したもの）を添付すること。 |