



Virginia Department of Health
Office of Environmental Health Services
109 Governor St.
Richmond, Virginia 23219

APPLICATION FOR A RESIDENT CAMP OPERATION PERMIT

\$40.00 FEE

Attach a site map of the resident camp showing all lodging and sanitary facilities, & amenities.

Application for: New Establishment Permit Renewal Change of Owner Other _____

Please place a ✓ by the address you like VDH to send correspondence.

Name of Resident Camp:		
<input type="checkbox"/> Physical Address of Summer Camp:		
City:	State:	Zip Code:
Phone:	Email:	
Owner Name:		
<input type="checkbox"/> Owner Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	
Camp Director/Operator Name:		
<input type="checkbox"/> Camp Director/Operator Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

Operational Information

Facility open all year: <input type="checkbox"/> Yes <input type="checkbox"/> No - Anticipated Dates of Operation:	
Days and Hours of operation:	
Maximum number of campers expected:	Age of campers:
Lodging Description:	
Description of Food Service: (may require separate permit)	
Type of Water Supply: <input type="checkbox"/> Public: <input type="checkbox"/> Private Well <input type="checkbox"/> Other:	
Type of Sewage Disposal: <input type="checkbox"/> Public Sewer <input type="checkbox"/> Onsite Sewage System <input type="checkbox"/> Other:	
Description of Sanitary Facilities:	
Number of Toilets provided: <input type="checkbox"/> Male # <input type="checkbox"/> Female # <input type="checkbox"/> Other:	
Swimming Facilities provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of swimming facilities: (Swimming pools and other aquatic venues may require a separate plan review from the local health department)	
Boating or watercraft activities provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of boats or watercraft and activities:	
Specialized programs offered: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of specialized programs (archery, firearms, ropes, etc.):	
Animals present at camp: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of animals and associated activities:	

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

A plan review may be required for resident camps undergoing construction, addition, or renovation.

Applicant Signature _____ Date: _____

Applicant Printed Name: _____