



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

APPLICATION FOR A RESIDENT CAMP PLAN REVIEW

\$40.00 FEE

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

Application for: New Construction Addition Renovation 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:	

Design and 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: _____
Anticipated Camper to Staff Ratios: _____	
Type of Water Supply: <input type="checkbox"/> Public (Name of provider: _____)	
<input type="checkbox"/> Private Well (type of well: _____ date of approval: _____)	
<input type="checkbox"/> Other: (provide description and any applicable permits or documentation): _____	
Number of Drinking Water Fountains or Faucets: _____	
Location of Drinking Water Fountains or Faucets: _____	
Water Sample Results: <input type="checkbox"/> Pending (acceptable sample results required prior to permit issuance)	
<input type="checkbox"/> Attached:	
<input type="checkbox"/> Coliform	
<input type="checkbox"/> Nitrate-Nitrogen	
<input type="checkbox"/> Lead	
Type of Sewage Disposal: <input type="checkbox"/> Public Sewer (Name of provider: _____)	
Attach letter of intent from utility to accept waste (required)	
<input type="checkbox"/> Onsite Sewage System: Attached copies of permits to construct or operate system (required)	
Type of system: _____	
Date system approved: _____	
<input type="checkbox"/> Other (provide description and any applicable permits or documentation): _____	

Description of Food Service (type of food and kitchen provisions): (may require separate permit)
Lodging Description (bunkhouses, campsites, etc.):
Description of Bedding (bunks, mattresses, sleeping bags, etc.):
Description of Sanitary Facilities (type, number, location):
Number of Toilets Provided: <input type="checkbox"/> Male # <input type="checkbox"/> Female # <input type="checkbox"/> Other:
Handwashing provisions: <input type="checkbox"/> Permanent Sinks <input type="checkbox"/> Portable Sinks <input type="checkbox"/> Hand Sanitizer, as applicable <input type="checkbox"/> Other:
Shower provisions: <input type="checkbox"/> Permanent Showers <input type="checkbox"/> Portable Showers <input type="checkbox"/> Not Applicable: _____ <input type="checkbox"/> Other:
Other Shelter or Structure Description (shelters, buildings, structures):
Description of Recreational Areas:
Swimming Facilities Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Swimming Facilities (natural waters, swimming pool, splash pad, etc.): (Swimming pools and other aquatic facilities 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:
Transportation Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Description of transportation and associated activities:
Description of Safety Equipment Provided:

*During plan review, VDH may require submission of additional information to determine compliance.
This plan review will not determine whether the proposed resident camp will comply with all operational requirements of 12VAC-440 et seq.,
the Regulations for Resident Camps.
I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.
An operation permit application for resident camps is required in addition to the plan review application.*

Applicant Signature _____ Date: _____

Applicant Printed Name: _____