



Virginia Department of Health
Pittsylvania/Danville and Southside Health Districts



PLAN REVIEW FOR A CAMPGROUND

\$40.00 FEE

Attach a site map of campground showing all campsites, sanitary facilities, and other amenities

Name of Campground: _____

☐ Physical Address _____
of Campground*: _____

Owner Name: _____

Phone: _____

☐ Owner Mailing _____ Email: _____
Address*: _____

*Please place a check next to the address where you would like VDH to send correspondence.

This application is for a plan review of (choose one):

☐ Construction of a new campground ☐ Renovation or addition to an existing campground

For renovations and additions, is your campground: ☐ Currently permitted ☐ Previously, but not currently permitted

This application must include a site map and any supplemental material necessary to review the following items*:

Included:

Approved
(VDH USE ONLY)

- | | |
|---|--------------------------|
| <input type="checkbox"/> Proposed method and location of the sewage disposal system | <input type="checkbox"/> |
| <input type="checkbox"/> Proposed sources and location of the water supply | <input type="checkbox"/> |
| <input type="checkbox"/> Number, location, and dimensions of all campsites | <input type="checkbox"/> |
| Number, description, and location of proposed sanitary facilities (toilets, showers, sinks & privies) | <input type="checkbox"/> |
| Number, description, and location of all dump stations, sewer lines, etc. | <input type="checkbox"/> |
| Location, boundaries, and dimensions of the proposed project. | <input type="checkbox"/> |

*During plan review, VDH may require submission of additional information to determine regulatory compliance. I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Applicant Signature _____ Date: _____