



Virginia Department of Health
Pittsylvania/Danville and Southside Health Districts
Environmental Health Division

Pittsylvania-Danville and Southside Health Districts



APPLICATION FOR A CAMPGROUND OPERATION PERMIT

\$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*: _____

Operator Name: _____ Phone: _____

☐ Operator Mailing _____ Email: _____
Address*: _____

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

PERMANENT CAMPGROUND

Total number of campsites: _____ Number of primitive campsites: _____ Number of rental units

Will this campground allow Recreational Vehicles (RVs)? _____ Yes
_____ No Number

of RV-only sites with direct sewer connections: _____

Number of toilet seats and urinals: _____ Number of privy seats: _____

Number of showers: _____ Number of lavatories (sinks): _____

Number of dump stations: _____

Greywater disposal method: _____

WATER SUPPLY: _____private well(s) _____public water

SEWAGE DISPOSAL: _____onsite sewage disposal system(s) _____public sewer _____discharge system

TEMPORARY CAMPGROUND

Total number of campsites: _____ Maximum number of campers: _____

Will this campground allow Recreational Vehicles (RVs)? _____ Yes _____ No

Number of portable toilets: _____ Greywater disposal method: _____

Portable toilet/RV service provider name: _____ Phone #: _____

Portable toilet service schedule: _____

RV holding tank service schedule/availability: _____

WATER SUPPLY: ☐ private well(s) ☐ public water ☐ commercially bottled
Water hauler name and phone (if water will be hauled in from off-property): _____
Dates of permit period(maximum 60 days): _____
Dates of campground operation (maximum 14 days in permit period): _____

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.
A separate plan review is required for all permanent campgrounds prior to any construction, renovation, or addition. No plan review for temporary campgrounds is required in addition to the operation permit application.

Applicant Signature _____ Date: _____

Brunswick County Health Department
1632 Lawrenceville Plank Road
Lawrenceville, Virginia 23868
434-848-2525

Danville City Health Department
326 Taylor Drive
Danville, Virginia 24541
434-766-9828

Halifax County Health Department
P.O. Box 845
Halifax, Virginia 24558
434-476-4863

Pittsylvania County Health Department
P.O. Drawer 369
Chatham, Virginia 24531
434-433-3544

Mecklenburg County Health Department
969 Madison Street
Boydton, Virginia 23917
434-738-6815