 Virginia Department of Health Office of Environmental Health Services

109 Governor St

Richmond, Virginia 23219

**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:

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

Owner Name: Phone:

Owner Mailing Address:

Email:

Operator Name: Phone

Operator Mailing Address:

Email:

**select one: PERMANENT CAMPGROUND**

Total number of campsites: Number of primitive campsites:

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 showers:

Number of dump stations:

Number of privy seats: Number of lavatories (sinks):

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:

### FOR OFFICIAL USE

Date Received: Receipt #: Paid$\_\_\_\_\_\_ □Cash □CC Verfication #\_\_\_\_\_\_\_\_ □Check #:\_\_\_\_\_\_\_

For: □Plan Review Fee □Renewal □Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for Permit: □Yes □No Environmental Health Spec.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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