 Virginia Department of Health Office of Environmental Health Services

109 Governor St

 Richmond, Virginia 23219

**APPLICATION FOR A CAMPGROUND PLAN REVIEW**

$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:

Future application for operation permit will be made in the name of the Owner Operator 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 by VDH

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

Included:

Proposed method and location of the sewage disposal system Proposed sources and location of the water supply

Number, location, and dimensions of all campsites

Number, description, and location of proposed sanitary facilities

(toilets, showers, sinks, & privies) Number, description, and location of all dump stations, sewer lines, etc.

Location, boundaries, and dimensions of the proposed project.

Approved (VDH USE ONLY)











\*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:

### FOR OFFICIAL USE

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

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

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

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