



Commonwealth of Virginia

Rappahannock Rapidan Health District

Culpeper County	(540) 829-7466	Fax: 540-829-7492	640 Laurel St, Culpeper, VA 22701
Fauquier County	(540) 347-6363	Fax: 540-347-6405	330 Hospital Drive, Warrenton, VA 20186
Madison County	(540) 948-5481	Fax: 540-948-3841	148 A N Main St, Madison VA 22727
Orange County	(540) 672-1291	Fax: 540-672-1093	450 N. Madison Rd, Orange, VA 22960
Rappahannock County	(540) 675-3516	Fax: 540-675-1021	338 A Gay St, Washington, VA 22747

Campground and Summer Camp Permit Application

\$40.00 Fee

Application for a: Campground Summer Permit

Type of application: New Establishment Renewal Name Change Change of Owner

(New and establishments to be remodeled must submit a plan review application & required documentation)

Type: (Check all that apply) Fixed Structures Recreational / Mobile Units Primitive Camping

Name of Establishment: _____

Physical Location: _____ **Mailing Address:** _____

Name of Owner: _____

Owner's Address: _____ **Telephone No. :** _____

_____ **Fax Number:** _____

_____ **Email:** _____

Establishment is a(n): Association Corporation Individual Partnership Other

Association/Corporation/Partnership Name: _____

Names, titles, & Addresses of persons comprising the legal ownership (Attach list if necessary):

Operator / registered Agent (Person directly responsible for the establishment):

Name: _____ **Title:** _____

Address of Operator: _____ **Telephone No.:** _____

_____ **Fax Number:** _____

_____ **Email:** _____

Billing Address: _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

All Year Non Seasonal Seasonal (list months of operation)

Number of Campsites:

Fixed Structures: _____ *Mobile Units:* _____ *Primitive:* _____

Number of sanitary stations (dump stations): _____ **Number of restroom facilities:** _____

Are bathing facilities provided?

No Yes (number of facilities) _____

For mobile units – Are water hookups provided?

No Yes

Are sewer hookups provided?

No Yes

Water Supply:

Public - Name _____ Private Well (Submit water sample results taken within last 90 days)

Sewage Disposal:

Public - Name _____ Private System (circle) Conventional Alternative

Pit Privy Other (describe) _____

Food Services

None Full Service Continental Prepackaged ONLY

Services

None Pool Hot Tub Gym

Smoking

N/A Non Smoking Smoking in designated rooms / areas

In addition to state requirements, applicants are responsible for complying with all local ordinances, including plumbing, building, electrical, and zoning ordinances in the construction, maintenance, and operation of all campgrounds.

I/We attest to the accuracy of the information provided, affirm to comply with the Campground Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____