



BRHD Environmental Health Offices	
Location	Phone
Charlottesville/Albemarle	434-972-6219
Fluvanna County	434-591-1965
Greene County	434-985-2262
Louisa County	540-967-3707
Nelson County	434-263-4297

## APPLICATION FOR A SUMMER CAMP OPERATION PERMIT

\$40.00 FEE

**Attach a site map of the summer camp showing all lodging and sanitary facilities, & amenities.**

Application for:  New Establishment     Permit Renewal     Change of Owner     Other \_\_\_\_\_

Please place a ✓ by the address you like VDH to send correspondence.

Name of Summer Camp:		
<input type="checkbox"/> Physical Address of Summer Camp:		
City:	State:	Zip Code:
Phone:	Email:	
Owner Name:		
<input type="checkbox"/> Owner Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	
Camp Director/Operator Name:		
<input type="checkbox"/> Camp Director/Operator Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

### Operational Information

Facility open all year: <input type="checkbox"/> Yes <input type="checkbox"/> No - Anticipated Dates of Operation:
Days and Hours of operation:
Lodging Description:
Description of Food Service: (may require separate permit)
Type of Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Well <input type="checkbox"/> Other:
Type of Sewage Disposal: <input type="checkbox"/> Public Sewer <input type="checkbox"/> Onsite Sewage System <input type="checkbox"/> Other:
Description of Sanitary Facilities:
Number of Toilets provided: <input type="checkbox"/> Male # <input type="checkbox"/> Female # <input type="checkbox"/> Other:
Swimming Facilities provided: <input type="checkbox"/> Yes <input type="checkbox"/> No    Description of swimming facilities: (Swimming pools, hot tubs, and saunas require a separate construction permit from the local building department)
Notes or comments:

*I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.  
No plan review for summer camps is required in addition to the operation permit application.*

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_