## APPLICATION FOR A SUMMER CAMP OPERATION PERMIT

Attach a site map of the summer camp showing all lodging and sanitary facilities, & amenities. \$40.00 FEE\$

	- 2				C
BRHD RELSON	BRHD Local Environmental Health Offices		Phone	FAX	
		Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903			434-972-4310
	Fluvanna County. County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963			434-591-1965	434-591-1966
		ard Street, PO Box 38, Stanardsville, VA 22973		434-985-2262	434-985-4822
Blue Ridge Health District	Charles 19 to 19 t			540-967-3707	540-967-3733
CHARLOTTE	Nelson County, Nelson Heritage Center, 1653 Thomas Nelson Highway, Arrington, VA 22922			434-263-4297	434-263-4304
Application for: □ N Please place a ✓ by the addre		8	of Owner $\square$	Other	
Name of Summer C	Samp:				
☐ Physical Address	s of Summer Cam	p:			
City:		State:	Zip Code:	Code:	
Phone:		Email:			
Owner Name:		-			
☐ Owner Mailing A	Address:				
City:		State:	Zip Code:	<del></del>	
Phone:		Email:	-		
Camp Director/Op	erator Name:	1			
☐ Camp Director/		Address:			
City:		State:	Zip Code:	e:	
Phone:		Email:			
		Operational Information	1		
Facility open all year	ar: □Yes □No -	- Anticipated Dates of Operation:			
Days and Hours of	operation:				
Lodging Description	on:				
Description of Food	d Service: (may requi	re separate permit)			
Type of Water Supply: □ Public: □ Private Well □ Other:					
Type of Sewage Dis	-	Sewer 🛘 Onsite Sewage System 🗖	Other:		
Description of Sani	tary Facilities:				
Number of Toilets	provided:	☐ Male # ☐ Female #	☐ Other:		
		s   No Description of swimming fac			
		re a separate construction permit from the local	l building departme	ent)	
Notes or comments	i:				
I un	derstand this form co	ntains information subject to disclosure under §	\$2.2-3700 of the C	ode of Virginia	<i>ı</i> .
No pl	an review for sum.	mer camps is required in addition to the	e operation peri	nit applicati	on.
. 1: ~:			~		
Applicant Signatur	e		Date:		
Applicant Printed 1	Name:				