



*Commonwealth of Virginia*  
*Chesapeake Health Department*  
*Division of Environmental Health*  
 748 North Battlefield Boulevard  
 Chesapeake, VA 23320  
 (757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

**CAMPGROUND OPERATION PERMIT APPLICATION**  
**THIS IS NOT A PERMIT TO OPERATE**

Please print or type the information requested below and return the completed application, a copy of your business license, and permit fee of \$40 to the address listed above. The establishment and owner's name must be the same as recorded on the City of Chesapeake business license. Please note that permits are not transferable in a change of ownership.

For new campgrounds: an application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

<input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change <input type="checkbox"/> Change of Owner If this is a change of ownership, indicate the previous establishment name _____ Smoking Status: _____
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**Name of Establishment:** \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
 Facility Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

<b>Email Address:</b> _____ (Important for Product Recalls & Public Health Emergencies)
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**Water Supply: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_  
**Sewage: (check appropriate box)**  Public- Name \_\_\_\_\_ or  Private- Type \_\_\_\_\_

**Hours of Operation:** Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_  
**Months of Operation:** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Name of Owner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Establishment owner is a/an:**  Association  Corporation  Individual  Partnership  Other Legal Entity

**Association, Corporation, Partnership name:** \_\_\_\_\_

**Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person directly responsible for the establishment:**  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Immediate supervisor of person directly responsible for the establishment:**  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**PERMANENT CAMPGROUND:**

Total number of campsites:	Number of primitive campsites:
Will this campground allow Recreational Vehicles (RVs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of RV-only sites with direct sewer connections:
Number of toilet seats and urinals:	Number of privy seats:
Number of showers:	Number of lavatories (sinks):
Number of dump stations:	Greywater disposal method:

**TEMPORARY CAMPGROUND:**

Total number of campsites:	Number of primitive campsites:
Will this campground allow Recreational Vehicles (RVs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of portable toilets:
Greywater disposal method:	Portable toilet/RV service provider name: Phone #:
RV holding tank service schedule/availability:	Water hauler name (if water will be hauled in from off-property): Phone #:
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's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use:**

Census Tract: \_\_\_\_\_

Environmental Health Spec. \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_