



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 (if applicable), 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 <u>Business license ONLY required with applications for New Establishments; Name Change; Change of Ownership</u>
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Name of Establishment: _____
 Facility Address: _____ Suite # _____
 Facility Phone: _____ Fax number: _____
 Billing Address: _____

Email Address: _____ (Important for Product Recalls & Public Health Emergencies)

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: _____