



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 Permit _____

CAMPGROUND PLAN REVIEW APPLICATION
THIS IS NOT A PERMIT TO OPERATE

*Please print or type the information requested below and return the completed application. 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.

Name of Establishment: _____
Facility Address: _____ Suite # _____
Facility Phone: _____ Fax number: _____
Billing Address: _____

Name of Owner _____
Mailing Address: _____
Telephone: _____

Contact Person & Title (architect, manager, builder, etc.): _____
Mailing address: _____
Telephone: _____

Email Address: _____ (Important for Product Recalls & Public Health Emergencies)
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I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue
_____ Zoning	

Projected Date for Completion of Project: _____

Number of campsites: _____

Type of Services: Construction of new campground Renovation/addition to an existing campground*

*For renovation/additions, is your campground: Currently permitted Previously, but not currently permitted

This application must include a site map and any supplemental material necessary to review the following items*:

- | | |
|---|--------------------------|
| Included: | Approved |
| | (VDH USE ONLY) |
| <input type="checkbox"/> Proposed method and location of the sewage disposal system | <input type="checkbox"/> |
| <input type="checkbox"/> Proposed sources and location of the water supply | <input type="checkbox"/> |
| <input type="checkbox"/> Number, location, and dimensions of all campsites | <input type="checkbox"/> |
| <input type="checkbox"/> Number, description, and location of proposed sanitary facilities (toilets, showers, sinks, and privies) | <input type="checkbox"/> |
| <input type="checkbox"/> Number, description, and location of all dump stations, sewer lines, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> Location, boundaries, and dimensions of the proposed project | <input type="checkbox"/> |

Please answer every question that applies to your campground operation. Ensure your plans are complete.

Approval of these plans and specifications by the Chesapeake Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing body art establishments.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chesapeake Health Department may nullify final approval.

Signature _____

Print Name _____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit application with \$40 fee
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale

Make checks payable to:
 Chesapeake Health Department or CHD
 748 Battlefield Boulevard, North
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____