



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 Annual Permit: _____

Campground Operation Permit Application

**** Please fill out application entirely. ****

Application Fee \$40; Make checks payable to *Chesapeake Health Department*.

Purpose: New Establishment Renewal Name Change Owner/Corporation Change

Name of Establishment: _____
Facility Address: _____ Suite # _____
Facility Phone: _____ Email address: _____
Billing Address: _____

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

Water Supply: (check appropriate box) Public- Name _____ or Private- Type _____
Sewage: (check appropriate box) Public- Name _____ or Private- Type _____

Name of Owner: _____
Mailing Address: _____
Telephone: _____

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

Association, Corporation, Partnership name: _____

Person directly responsible for the establishment:

Name: _____ **Title:** _____
Telephone: _____

PERMANENT CAMPGROUND

Total number of campsites:	Number of primitive campsites:
Will this campground allow Recreational Vehicles (RVs) or campers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of RV/camper-only sites with direct sewer and water connections:
Number of toilet seats and urinals:	Number of privy seats:
Number of showers:	Number of 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) or campers? <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: _____