



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: _____

Campground Operation Plan Review Application

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

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

Purpose: New Establishment Renovation Name Change Owner/Corporation Change

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

Name of Owner _____
Mailing Address: _____
Telephone: _____

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

I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue	_____ Zoning
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Projected Date for Completion of Project: _____

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

Number of campsites: _____

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

Included:

- Proposed method and location of the sewage disposal system
- Proposed sources and location of the water supply
- Number, location, and dimensions of all campsites
- Number, description, and location of proposed sanitary facilities (toilets, showers, sinks, and privies)
- Number, description, and location of all dump stations, sewer lines, etc.
- Location, boundaries, and dimensions of the proposed project

Approved
(VDH USE ONLY)

