

Commonwealth of Virginia



Application for a Department of Health Summer Camp Permit

Application for a: Permit Renewal Building Plan Review New Establishment
 Name Change (former name: _____) Change of Owner

Applicant's Name: _____ Telephone: (____) _____

Fax: (____) _____ Email: _____ Cell#: (____) _____

Mailing address: _____

Name of Establishment: _____ Telephone: (____) _____

Fax: (____) _____ Email: _____

Establishment Physical Address: _____

Establishment Mailing Address: _____

Establishment GPIN or Tax Map #: _____

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

Names, titles and addresses of persons comprising legal ownership (attach list if necessary):

Name, title and address of local registered agent (if required):

Name, title, address and telephone of person directly responsible for establishment:

Name, title, address and telephone of person who is the immediate supervisor of the person directly responsible for the establishment (i.e., zone, district or regional supervisor):

Number of rooms/campsites/campers: _____ Pool: _____

Food Service: _____ Type: Full service restaurant Prepackaged foods only

Smoke free Smoking allowed in restricted areas Smoking with no restrictions on public

Not applicable/no indoor seating

Water Supply: Public Private

Sewage: Public Private – Type: _____

OVER ⇨

FEES: Plan review: \$40 Permit: \$40

** Please make checks payable to the local health department.*

Please send completed application and the fee(s) to the appropriate Health Department:

Charles City Health Department, 7501 Adkins Road, Charles City, VA 23030	Phone: (804) 829-2490
Goochland Health Department, P.O. Box 178, Goochland, VA 23063	Phone: (804) 556-5843
Hanover Health Department, 12312 Washington Hwy., Ashland, VA 23005	Phone: (804) 365-4313
New Kent Health Department, P.O. Box 86, New Kent, VA 23124	Phone: (804) 966-9640

I/we attest to the accuracy of the information provided, affirm to comply with the Summer Camp Regulations of the Code of Virginia Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____ Date: _____

For Official Use	PHA: _____
Application/Permit Fee Paid: _____/_____/_____	Receipt Number: _____
Plan Review Fee Paid: _____/_____/_____	Receipt Number: _____