

# 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 number of persons directly responsible for establishment:  
\_\_\_\_\_

Name, title, address and telephone number of persons 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: \_\_\_\_\_

|   |                       |
|---|-----------------------|
| <b>For Official Use</b>                     | PHA: _____            |
| Application/Permit Fee Paid: ____/____/____ | Receipt Number: _____ |
| Plan Review Fee Paid: ____/____/____        | Receipt Number: _____ |