

Clarke County
100 N Buckmarsh St
Berryville, VA 22611
(540) 955-1033

Frederick/Winchester
107 N Kent St, Ste 201
Winchester, VA 22601
(540) 722-3480

Page County
75 Court Lane
Luray, VA 22835
(540) 743-6528

Shenandoah County
494 N Main St, Ste 100
Woodstock, VA 22664
(540) 459-3733

Warren County
465 W 15th St, Ste 200
Front Royal, VA 22630
(540) 635-3159

Application for a Department of Health Permit

Establishment Information										
Listed on permit	Establishment <small>Specific location or business unit.</small>	Owner* <small>Association, corporation, individual, partnership, or other legal entity.</small>	Applicant <small>Person directly responsible for establishment, point of contact.</small>							
Name:										
Address:										
Phone:										
Mobile:										
Email:										
Owner is: <input type="checkbox"/> *Association <input type="checkbox"/> *Corporation <input type="checkbox"/> Individual <input type="checkbox"/> *Partnership <input type="checkbox"/> *Other: _____ <small>*Attach a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable</small>										
Establishment Type: <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Perm. Campground <input type="checkbox"/> Hotel <input type="checkbox"/> Summer Camp <input type="checkbox"/> Migrant Labor Camp <input type="checkbox"/> Temp. Campground										
Application Type: <input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Ownership										
Operation: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal Opening Date: _____ Closing Date: _____										
Does the facility operate a recreational water facility? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete appropriate section on page 3)										
If yes, number of each type: Pools: _____ Spa(s)/Hot Tub(s): _____ Spray Pool(s): _____ Waterslide(s): _____		Dates of operation for recreational water facility: <input type="checkbox"/> Year round <input type="checkbox"/> Seasonal Opening Date: _____ Closing Date: _____								
<small>Operators are required to contact the Health Department prior to opening the recreational water facility for the season.</small>										
Water & Waste Disposal										
<small>*Water sample required prior to permit issuance</small>		<table style="width: 100%; border: none;"> <tr> <th style="width: 50%; text-align: center; padding: 5px;">Water</th> <th style="width: 50%; text-align: center; padding: 5px;">Sewer</th> </tr> <tr> <td style="padding: 5px;">Public (Name) <input type="checkbox"/> _____</td> <td style="padding: 5px;"><input type="checkbox"/> _____</td> </tr> <tr> <td style="padding: 5px;">Private (Type) *<input type="checkbox"/> _____</td> <td style="padding: 5px;"><input type="checkbox"/> _____</td> </tr> </table>	Water	Sewer	Public (Name) <input type="checkbox"/> _____	<input type="checkbox"/> _____	Private (Type) * <input type="checkbox"/> _____	<input type="checkbox"/> _____	Trash Disposal: _____	
Water	Sewer									
Public (Name) <input type="checkbox"/> _____	<input type="checkbox"/> _____									
Private (Type) * <input type="checkbox"/> _____	<input type="checkbox"/> _____									

<p>Health Department Use Only</p> Amount Paid \$ _____ Receipt # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check # _____ EHD: <input type="checkbox"/> Entered <input type="checkbox"/> Scanned <input type="checkbox"/> Payment OSS: _____	<p style="text-align: center;"><i>Date Rec'd</i></p>
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Bed & Breakfasts <i>For renewal/change of owner complete 1 only</i>	
1	Number of rooms: _____ Maximum occupancy: _____
2	For new establishment or remodel, submit the following for plan review: <input type="checkbox"/> The proposed method and location of the sewage disposal system. <input type="checkbox"/> The proposed sources and location of the water supply. <input type="checkbox"/> Plans and specifications which detail such items as the layout of the facility and proposed buildings and structures. <input type="checkbox"/> If serving meals other than breakfast for guests, a completed plan review application for a food establishment is required.

Hotels <i>For renewal/change of owner complete 1 & 2 only</i>	
1	Number of rooms: _____ Number used for long-term (monthly) rental: _____ <small>If the facility offers rooms for long-term rental, attach a list of room numbers by type (monthly or transient lodging-less than 30 days)</small>
2	Does the facility offer continental breakfast? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what foods are served: <small>Please note: a separate food establishment permit is often required.</small>
3	For new establishment or remodel, submit the following for plan review: <input type="checkbox"/> The proposed method and location of the sewage disposal system. <input type="checkbox"/> The proposed sources and location of the water supply. <input type="checkbox"/> Hotel plans and specifications which detail such items as the layout of the hotel and proposed buildings and structures. <input type="checkbox"/> Completed plan review application for a food establishment (continental breakfast) permit, if required.

Summer Camps <i>For renewal/change of owner complete 1 & 2 only</i>	
1	Maximum occupancy: _____ Does the facility prepare food for campers? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	List the type of housing for campers:
3	For new establishment or remodel, submit the following for plan review: <input type="checkbox"/> The proposed method and location of the sewage disposal system. The proposed sources and location of the water supply. <input type="checkbox"/> The number, location, and dimensions of all lodging facilities. <input type="checkbox"/> The number, description, and location of proposed sanitary facilities such as toilets, sewer lines, etc. <input type="checkbox"/> Completed plan review application for food establishment permit, if required.

Swimming Pools/Spas/Water Slides (no additional fee)

For renewal/change of owner complete 1 only

1	Does the facility have a snack bar? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	For new establishment or remodel, submit the following for plan review: <input type="checkbox"/> The proposed method and location of the sewage disposal system. <input type="checkbox"/> The proposed sources and location of the water supply. <input type="checkbox"/> Pool/Spa plans and specifications which detail such items as size/capacity, finishes, pump and filter type, method of disinfection, proposed turnover rates, method of posting water quality results. <input type="checkbox"/> Completed plan review application for food establishment (snack bar) permit, if required.

Permanent Campgrounds

For renewal/change of owner complete 1 & 2 only

1	Total number of campsites:	<u>Number of each campsite type:</u> Primitive: Water: Water/Sewer: Water/Sewer/Electric: Cabins:	<u>Number of each:</u> Toilet seats & urinals: Privy seats: Showers: Lavatories (sinks): Dump Stations:
2	Water supply: <input type="checkbox"/> Private well(s) <input type="checkbox"/> Public water	Sewage Disposal: <input type="checkbox"/> Public sewer <input type="checkbox"/> Discharge system <input type="checkbox"/> Onsite sewage disposal system(s)	Greywater disposal method:
3	For plan review, please submit the following: <input type="checkbox"/> The proposed method and location of the sewage disposal system. <input type="checkbox"/> The proposed sources and location of the water supply. <input type="checkbox"/> The number, location, and dimensions of all campsites. <input type="checkbox"/> The number, description, and location of proposed sanitary facilities such as toilets, dump stations, sewer lines, etc. <input type="checkbox"/> Location, boundaries and dimensions of the proposed project.		

Temporary Campgrounds

1	Total campsites:	Maximum campers: <input type="checkbox"/> No	Will the campground allow RV's? <input type="checkbox"/> Yes
2	Number of portable toilets:	Greywater disposal method:	
3	Portable toilet/RV service provider name:	Phone:	
4	Portable toilet service schedule:		
5	R/V holding tank service schedule/availability:		
6	Water supply: <input type="checkbox"/> Private well(s) <input type="checkbox"/> Public water <input type="checkbox"/> Commercially bottled	Water hauler name & phone (if water will be hauled from off-site):	
7	Dates of permit period (max 60 days):		Dates of campground operation (max 14 days in permit period):

Migrant Labor Camps

For renewal/change of owner complete 1 & 2 only

1	Does the facility prepare food for campers? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Maximum occupancy: _____ Approximate number: Male: _____ Female: _____
3	For new establishment or remodel, submit the following for plan review: <input type="checkbox"/> The proposed method and location of the sewage disposal system. <input type="checkbox"/> The proposed sources and location of the water supply. <input type="checkbox"/> The number, location, and dimensions of all lodging facilities. <input type="checkbox"/> The number, description, and location of proposed sanitary facilities such as toilets, sewer lines, etc. <input type="checkbox"/> Location, boundaries, and dimensions of the proposed project. <input type="checkbox"/> Completed plan review application for food establishment permit, if required.

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his/her authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature: _____ Title: _____

Print Name: _____ Date: _____