



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2nd floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

SUMMER CAMP - PERMIT APPLICATION

Check one:	New permit	Permit Renewal	Annual Permit Fee \$40
------------	------------	----------------	------------------------

Section A: Facility Information

Name of Summer Camp:		
Campground Physical Address:		
City:	State:	Zip Code:
Summer Camp Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:

Section B: Owner / Operator Information

Name of Legal Owner: <i>(if owner is a business, provide the name of the registered agent)</i>		
Name of Registered Agent <i>(if applicable)</i> :		
Physical Address:		
City:	State:	Zip Code
Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:
Name of Operator:		
Operator phone:	Operator email:	

Section C: Include the following information:

Anticipated Dates of Occupancy	From:	To:	
Anticipated Number of Occupants	Total:	Male:	Female:
Type of Water Supply:	Municipal	Private Well	
	Other:		
Type of Sewage Disposal:	Municipal	Septic System	
	Other:		

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his 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.

Section D: Applicant:

Signature of Applicant:	
Print Name of Applicant:	
Title of Applicant:	Date Signed:

**Return completed application
30 days prior to opening day to:**

**Loudoun County Health Department
P.O. Box 7000, MSC#68, Leesburg, VA 20177**