



Virginia Department of Health
 Office of Environmental Health Services
 109 Governor St
 Richmond, Virginia 23219

APPLICATION FOR A CAMPGROUND PLAN REVIEW

\$40.00 FEE

Attach a site map of campground showing all campsites, sanitary facilities, and other amenities

Name of Campground: _____

Physical Address _____
 of Campground: _____

Please place a next to the
 address where you would like
 VDH to send correspondence

Owner Name: _____ Phone: _____

Owner Mailing _____ Email: _____
 Address: _____

Operator Name: _____ Phone _____

Operator Mailing _____ Email: _____
 Address: _____

Future application for operation permit will be made in the name of the Owner Operator

This application is for a plan review of (choose one):

- Construction of a new campground
- Renovation or addition to an existing campground

For renovations and additions, is your campground:

- Currently permitted
- Previously, but not currently permitted by VDH

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

Included:

- | | Approved
(VDH USE ONLY) |
|--|----------------------------|
| <input type="checkbox"/> Proposed method and location of the sewage disposal system | <input type="checkbox"/> |
| <input type="checkbox"/> Proposed sources and location of the water supply | <input type="checkbox"/> |
| <input type="checkbox"/> Number, location, and dimensions of all campsites | <input type="checkbox"/> |
| <input type="checkbox"/> Number, description, and location of proposed sanitary facilities
(toilets, showers, sinks, & privies) | <input type="checkbox"/> |
| <input type="checkbox"/> Number, description, and location of all dump stations, sewer lines, etc. | <input type="checkbox"/> |
| <input type="checkbox"/> Location, boundaries, and dimensions of the proposed project. | <input type="checkbox"/> |

*During plan review, VDH may require submission of additional information to determine regulatory compliance.
 I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Applicant Signature _____ Date: _____