

DELAWARE COUNTY HEALTH DEPARTMENT
APPLICATION FOR ANNUAL PERMIT TO OPERATE A
CAMP/CAMPGROUND

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

| | | |
|------------------------------------|---------------------------|------------------------|
| Camp/Campground Name: | | |
| Physical Street Address: | City, Zip Code: | Municipality: |
| Office Telephone: | Office Fax: | Office E-mail: |
| Park Manager Name: | Park Manager Telephone: | Park Manager E-mail: |
| Owner (Sole Proprietor, LLC, Inc): | Owner Street Address: | Owner City, Zip: |
| Contact Person Name & Title: | Contact Person Telephone: | Contact Person E-mail: |
| Number of Spaces Approved by DCHD: | Maximum Number of Spaces: | |

- Approved electrical certificate expiration date: _____
- Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, available? YES NO
- Is there a Public Bathing Place/Pool on site? YES NO If yes, Pool Certificate #: _____
- Food Service Provided? YES NO If yes, Food Facility License #: _____
- Sewage Disposal: On-lot Sewage System Public Sewers Municipal Authority Name _____
- Refuse/Trash Pick-up: _____ Name of Hauler: _____
- Do you plan to expand the Camp/Campground? YES NO If yes, Plan Review is required.

| ✓ | Permit Type | Fee |
|---|----------------|-------|
| | Organized Camp | \$237 |
| | Campground | \$213 |



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I, _____, hereby certify that the facts set forth on this application are true and correct. I understand that the submission of false or misleading information is grounds for suspension or revocation of said License.

Print name of owner/authorized agent

Signature of owner/authorized agent

Date

DELAWARE COUNTY HEALTH DEPARTMENT

| TO BE COMPLETED BY EHS ONLY | | |
|------------------------------------|---------------------------|-----------------------|
| Fee Due: | Payment Method: | Payment Date: |
| EHS Approval Sign: | EHS Approval Name: | Approval Date: |

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Checklist

1. Complete and sign the Organized Camp/Campground Permit Application (type or print legibly)
2. Provide supporting documentation:
 - Copy of most recent Permit
 - Copy of the current Electrical Inspection Certificate
 - If food service is provided, copy of the most recent Food License
 - If a pool or spa is provided, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD
3. Submit application packet to DCHD:
 - Email pdf documents to: environmental@co.delaware.pa.us
4. Required fee- online credit card payments are accepted once application is received
 - Fee payment instructions will be provided via email

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