



**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.

<b>Camp/Campground Name:</b>		
Physical Street Address:	City, Zip Code:	Municipality:
Office Telephone:	Office Fax:	Office E-mail:
<b>Park Manager Name:</b>	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:

1. Approved electrical certificate expiration date: \_\_\_\_\_
2. 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
3. Is there a Public Bathing Place/Pool on site?    ☐ YES    ☐ NO    If yes, Pool Certificate #: \_\_\_\_\_
4. Food Service Provided?    ☐ YES    ☐ NO    If yes, Food Facility License #: \_\_\_\_\_
5. Sewage Disposal:    ☐ On-lot Sewage System    ☐ Public Sewers    Municipal Authority Name \_\_\_\_\_
6. Refuse/Trash Pick-up: \_\_\_\_\_ Name of Hauler: \_\_\_\_\_
7. 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**



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



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

## 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](mailto: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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