



APPLICATION FOR / RENEWAL OF A PERMIT TO OPERATE RECREATIONAL CAMPS

This application must be completed for each new recreational camp or an existing recreational camp. Please make a photocopy for your records.

NEW APPLICANTS SHOULD CONTACT THE OFFICE OF ENGINEERING AT 302-741-8640
AN APPLICATION MUST BE SUBMITTED FOR EACH CAMP AT LEAST 30 DAYS PRIOR TO OPERATING CAMP.
INCOMPLETE APPLICATIONS MAY BE RETURNED. PLEASE PRINT OR TYPE.

ENVIRONMENTAL HEALTH FIELD SERVICES
NEW CASTLE COUNTY HEALTH UNIT
CHOPIN BLDG
258 CHAPMAN RD., SUITE 105
NEWARK, DE 19702
Phone: 302-283-7110
Fax: 302-283-7111

NAME OF CAMP:
LOCATION OF CAMP:
MAILING ADDRESS:
PHONE: EMAIL:
OPERATED BY:

(List name of individual, club, corporation, etc.)

OPENING DATE: CLOSING DATE:

DIRECTOR: (Full name): EMERGENCY PHONE #:

TYPE OF CAMP PERMIT REQUESTED: DAY PRIMITIVE
HOSTEL RESIDENTIAL TRAVEL TROOP

REQUESTED CAPACITY: PERSONS AND / OR CAMPSITES:

DO YOU PLAN TO OPERATE IN SESSIONS: YES NO
IF YES, NUMBER: AND LENGTH OF SESSIONS:

NUMBER OF STAFF:

18 & OVER: MALE FEMALE

Has any member of the Staff or operation ever been convicted of a Felony or Class "A" Misdemeanor? YES NO

If YES, identify Type of Offense, Date, Location and name of Person Convicted.

TYPE OF FACILITIES: PERMANENT BLDGS TENTS OTHER

NUMBER OF TOILET FACILITIES: MALE FEMALE

NUMBER OF SHOWER FACILITIES: MALE FEMALE

In accordance with State of Delaware Regulations Governing the Sanitation of Recreational Camps adopted under Title 16 Del. C. Section 122, I, the undersigned, hereby make application for permit to operate a recreational camp.

SIGNATURE DATE

PRINTED NAME

OFFICIAL USE ONLY

PERMIT RECOMMENDED: ANNUAL PROVISIONAL CAPACITY

EHFS SUPERVISOR: DATE:

HSP PLAN REVIEW ACTION: APPROVED DISAPPROVED DATE:

ADMINISTRATOR: DATE:

PERMIT NUMBER: DATE ISSUED: TYPE: ANNUAL PROVISIONAL 02/07