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.

ENVIROMENTAL 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 CAMP SITES: ______________
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