



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: | |

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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TO OPERATE A CAMP/CAMPGROUND**

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: |



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Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html) (<https://www.delcopa.gov/health/environmentalhealth.html>)
2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
 - Copy of most recent License/Certificate issued by DCHD or local Delaware County municipality
 - Copy of the current Electrical Inspection Certificate
 - If food service is provided, copy of the most recent food license issued by DCHD or local Delaware County municipality
 - If a pool is present, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD or local Delaware County municipality
4. Required fee- check, money order, or credit card payments are accepted
Organized Camp Fee is \$237
Campground Fee is \$213
5. Submit application packet and fee to DCHD:
 - Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
 - Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
484-276-2100