

APPLICATION FOR RESIDENT CAMP OPERATION PERMIT

(15A NCAC 18A .3500, .3600, .3700)

Camp Information:

Name of Camp: _____

Physical Address: _____

City: _____ ZipCode: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone Number: (_____) _____

Type of Camp Permit: (check one) Seasonal Permit Annual Permit

Dates of Operation: Opening Date: _____ Closing Date: _____

Capacity of Camp: Campers: _____ Staff: _____

Water Supply: (check one) Non-Community Municipal/Community

Wastewater System: (check one) On-site System Municipal/Community

Owner Information:

Name of Owner: _____

Mailing Address: _____

Phone Number: (_____) _____

Contact Person Information:

Name of contact person: _____

Phone Number: (_____) _____

Prior to issuance of a permit, the following items must be compliant:

All equipment needed to maintain food temperatures is operational and clean

All other equipment and utensils are operational, clean and sanitized

Dishmachines, clean and operational

Kitchen and Lodging Facilities are in good repair, clean and vermin free

Written Procedures Included with Application:

If any of the following activities are conducted at an Off-site location then include written procedures regarding the field sanitation.

Off-Site Food Preparation, Cooking and Consumption

Off-Site Drinking Water

Off-Site Human Waste Disposal

No off-site activities are conducted

Application Submitted By:

Date:

Type of Print Name

Signature

Please submit the completed Application and the required written procedures at least 45 days prior to operation.

Johnston County Environmental Health

309 E. Market St. Smithfield, NC 27577