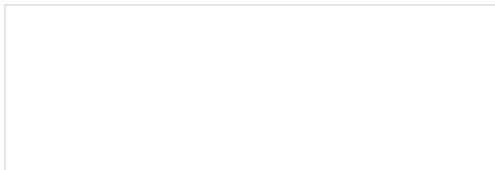


**BUCKS COUNTY DEPARTMENT OF HEALTH**  
**APPLICATION FOR CAMP/CAMPGROUND PERMIT**



Make check payable to: **Bucks County Department of Health**

Mail to: **1282 Almshouse Road**

**Doylestown, PA 18901**

**Fee required: See Current Fee Schedule**

*If mailing label is incorrect, please make corrections below.*

Camp/Campground Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/Town Zip

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/Town Zip

Email Address \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

1. **Camp/Campground:** Existing  or Proposed

2. **Total Number of Camp Sites Provided** \_\_\_\_\_

3. **Water Supply:** Private  Number of Wells \_\_\_\_\_  
or Public  \_\_\_\_\_  
Municipal Authority Name

**Note: If you are not required to sample your water by the PA DEP, please attach a copy of your required Bucks County Department of Health water test results.**

4. **Sewage Disposal:** On-lot Sewage System   
or Public Sewers  \_\_\_\_\_  
Municipal Authority Name

5. **Refuse/Trash Disposal Pick-up:** \_\_\_\_\_  
Name of Trash Hauler

6. **Food Service Provided:** Yes  No

7. **Number of Service Buildings Provided:** \_\_\_\_\_

8. **Public Bathing Place:** Yes  No

9. **Do you plan to expand Camp/Campground area this year?** Yes  No

**Note:** Plans required to be submitted with application for new Camp/Campground or expansion of existing Camp/Campground.

10. **Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_