

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

Municipality: _____ ID#: _____
Township/Borough **IF MAILING LABEL IS INCORRECT MAKE CORRECTIONS IN SPACES BELOW**

Camp/Campground Name: _____

Address: _____ () _____
Street City/Town Zip Phone #

Owner's Name: _____

Address: _____ () _____
Street City/Town Zip Phone #

[] CAMP/CAMPGROUND: Existent Proposed

MAILING LABEL HERE

Total Number Camping Site Provided _____

Water Supply: Private No.# of Wells _____
Public _____
Municipal Authority Name

Public Bathing Place Yes No

Sewage Disposal: Public Sewers _____ On-lot Sewage System
Municipal Authority Name

Refuse/Trash Disposal Pick-up: _____
Name of Trash Hauler

Food Service Provided Yes No

Number of Service Buildings Provided: _____

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

NOTE: Layout plan of existing facility to be submitted with application if it has not already been submitted to this Department.
Plans required to be submitted with application for new Camp/Campground or expansion of existing Camps/Campgrounds.

Make Check Payable to the: BUCKS COUNTY DEPARTMENT OF HEALTH
Mail Application to: Bucks County Department of Health
Neshaminy Manor Center
Doylestown, PA 18901

Signature (owner): _____

Date: _____

See attached fee schedule.

.....
DO NOT WRITE BELOW DOTTED LINE FOR DEPARTMENT USE ONLY

Appropriate Fee Received Cash Check Money Order

Check No. _____ Dated: _____ Received By: _____