

APPLICATION FOR RESIDENT CAMP OPERATION PERMIT

Camp Information:

Name of Camp: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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