



MADISON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
493 Medical Park Drive, Marshall, NC 28753
Telephone: 828-649-9598 Fax: 828-649-9370

Summer Camp Permit Application

Name of Camp: _____

Physical Address of Camp: _____

Mailing Address: _____

Name of Owner/Agency: _____

Contact Name: _____ Phone #: _____

Contact Email: _____ Permittee: _____

Water Supply: _____ Wastewater System: _____

Date of Operation:
(starts) _____ (ends) _____

Maximum capacity of Camp: (campers) _____ (staff) _____

of bathrooms on site: _____ # of water fountains on site: _____ # of beds on site: _____

Will the campers have access to a laundry facility on site? _____

Is/are there (a) stable(s) on camp premises? _____

Will the campers have access to a pool(s)? _____
-If yes, please attach pool permit(s).

Will there be a functioning on-site kitchen? _____
-If yes, will there be food prep on site? _____
-If yes, please attach a copy of your menu.
-If yes, who/what will be your food supplier/source? _____

Will the camp use an outside catering company? _____
-If yes, please attach a copy of their permit and most recent inspection.

***Please return this application and all necessary attachments four weeks in advance to the starting date of the camp. If you have any questions or concerns, please contact us (M-F) 7:30-3:30 at the above listed address or phone #.**

Signature: _____ **Date:** _____

Hope you have a great summer! ☺