



## Madison County Health Department Environmental Health

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[envhealth@madisoncountync.gov](mailto:envhealth@madisoncountync.gov)

Tammy Cody, MHS  
Health Director

Melissa Robertson, MD  
Medical Director

### 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: (start) \_\_\_\_\_ (end) \_\_\_\_\_

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 there a stable 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, where is your food sourced? \_\_\_\_\_

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: \_\_\_\_\_

*We hope you have a great summer!*