



# Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2<sup>nd</sup> floor

Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

## CAMPGROUND - PLAN REVIEW APPLICATION

Check one:	New Construction	Renovation / Conversion	Plan Review Fee \$40
Check one:	Permanent Use	Temporary Campground	

### Section A: Facility Information

Name of Campground:		
Campground Physical Address:		
City:	State:	Zip Code:
Campground Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:

### Section B: Owner / Operator Information

Name of Legal Owner: <i>(if owner is a business, provide the name of the registered agent)</i>		
Name of Registered Agent <i>(if applicable)</i> :		
Physical Address:		
City:	State:	Zip Code
Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:
Name of Operator:		
Operator phone:	Operator email:	

**Section C: Include the following information:**

	Proposed method and location of the sewage disposal system
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	Number, location, and dimensions of all campsites
	Number, description, and location of proposed sanitary facilities (toilets, showers, sinks, & privies)
	Number, description, and location of all dump stations, sewer lines, etc
	Location, boundaries, and dimensions of the proposed project.
	Attach a site map of campground showing all campsites sanitary facilities, and other amenities and any supplemental material necessary to review *

\*During plan review, VDH may require submission of additional information to determine regulatory compliance. I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

**Section D: Applicant**

Signature of Applicant:	
Print Name of Applicant:	
Title of Applicant:	Date Signed:

**Return completed application to:**

**Loudoun County Health Department  
P.O. Box 7000, MSC#68, Leesburg, VA 20177**