



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2nd floor

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

CAMPGROUND - PERMIT APPLICATION

Check one:	New Permit	Permit Renewal	Annual Permit 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:

PERMANENT CAMPGROUND (select one -permanent or temporary)

Total # of campsites:	Total # of primitive campsites:			
RVs allowed: Yes No				
# of RV-only sites with direct sewer connection:				
Number of dump stations:				
Number of toilet seats:	urinals:	privy seats:	handsinks:	showers:
Grey water disposal method:				
Water Supply:	private well(s)	public water		
Sewage Disposal:	onsite sewage system	public sewer	other:	

TEMPORARY CAMPGROUND (select one -permanent or temporary)

Total # of campsites:	Maximum # of campers:			
Dates of permit period (maximum 60 days) to:	from:			
Dates of campground operation (maximum 14 days in permit period) to:	from:			
RVs allowed: Yes No				
Number of portable toilets:				
Portable toilet/RV Service Provider name:	phone:			
Portable toilet/RV Service schedule:				
Grey water disposal method:				
Water Supply:	private well(s)	public water	commercially bottled	water truck
Water Hauler name:	phone:			

Section D: Applicant:

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

Return completed application to:

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