

Somerset County Health Department

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Health Officer: Danielle Weber, MS, RN

APPLICATION FOR PERMIT TO OPERATE A CAMP

Application is hereby made to operate a campground facility in accordance with COMAR 10.16.03 Regulations Governing Camps. Fee: \$200 | Late Fee (<60 days): \$100 | Late Fee (>60 Days): \$200

Facility Name:	Facility Phone:	
	Facility Email:	
Facility Address:		
Mailing Address:		
Contact Person:	Contact Phone:	
	Contact Email:	
Owner:	Owner Phone:	
	Owner Email:	
Federal Employer ID Number (EIN) (Required):	Water Supply:	Sewage Disposal:
	O Public	O Public
	O Private	O Private
Operation Is:	Total Number of Campsites:	
O Permanent		
O Seasonal (fromto)	Type of Campsites:	
	Hook-Up:	
Average Number of Visitors Per Day:	Primitive/Tent:	
Estimated Number of Male: Female:	Cabin/Building:	
Applicant Name (Printed):	Title:	
Applicant Signature:	Date:	

Facility Number: Date Issued:		
Date Expires:		