

**APPLICATION FOR ANNUAL LICENSE FOR CAMPGROUNDS, ORGANIZED CAMPS AND MANUFACTURED HOME PARKS**

**Instructions:** Please complete all sections of the application and attach plans and specifications. Send the completed application to:

**Erie County Department of Health  
606 West Second Street  
Erie, PA 16507**

**Phone: 814/451-6700 • Fax: 814/451-6775**

**Note:** A permit/certificate will not be issued until the following requirements are met:

- The application is fully completed.
- Submitted plans have been reviewed and approved by the Department.
- Plan review fee has been submitted, if applicable.
- The facility complies with all applicable regulations.
- A complete inspection is conducted by the Department.
- Payment for permit/certificate is received prior to the opening date.

| SECTION A - DESCRIPTION   |  |
|---|--|
| 1. This application is for:   | <input type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Expansion/Renovation   |
| 2. Type of Service (check all that apply):                              | <input type="checkbox"/> Campground <input type="checkbox"/> Organized Camp <input type="checkbox"/> Manufactured Home Park<br>No. of lots/spaces: _____<br><br>Kitchen Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No      No Retail Food Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No      Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(Requires separate permit)</small> |
| 3. Establishment Information:   | Name of Facility _____ Phone _____<br>Address _____ Fax/E-mail _____<br>_____ Zip _____<br><br>Responsible Person, Operator or Manager _____   |
| 4. Renovation or Construction Date:                                     | Anticipated Start Date _____ Anticipated Completion Date _____ <input type="checkbox"/> N/A  |
| SECTION B - OWNER INFORMATION   |  |
| 1. Type of Ownership:   | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other (specify) _____  |
| 2. Owner's Name   | _____  |
| 3. Chief Officer's Name (if applicable)                                 | _____  |
| 4. Title  | _____  |
| 5. Business Address or Home Address                                     | _____ Zip _____  |
| 6. Phone  | _____  |
| 7. Where should all future correspondence be mailed? Please check one.  | <input type="checkbox"/> Establishment address in Section A-3 <input type="checkbox"/> Business address in Section B   |
| Department Use Only   |  |
| License Due Date _____  | Fee Classification _____   |
| Plans Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No | Total _____  |
| Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Reviewed _____  |

**TYPE OF WATER SUPPLY**

Municipal:  Yes  No If no, complete the following:

Name of Public Water Supplier \_\_\_\_\_

Is there presently a public water supply identification number for this facility?  Yes  No

If yes, PWS # \_\_\_\_\_

Has a non-community water supply Brief Description Form been completed?  Yes  No

Type of Well:  Drilled  Dug

Is disinfection provided?  Yes  No

**TYPE OF SEWAGE DISPOSAL**

Municipal:  Yes  No If no, complete the following:

On-Lot:  Yes  No Type of System \_\_\_\_\_

Have City/Township/Borough zoning requirements been met?  Yes  No

Have City/Township/Borough code requirements (electrical, plumbing, building, etc.) been met?  Yes  No

PA sales tax and use license or exemption certificate: Applied for \_\_\_\_\_ Received / # \_\_\_\_\_

Name of garbage and trash collector \_\_\_\_\_

Application is hereby made for a permit/certificate to operate the described facility. By this application it is agreed that the facility will comply with all applicable ordinances and regulations including the requirement that I contact the Erie County Department of Health **before** starting any construction, renovations or major equipment purchase. It is further agreed that said establishment shall be open to inspection by the Erie County Department of Health. I also understand that the permit/certificate issued is NOT TRANSFERABLE. I hereby certify that I have applied for a sales and use tax license or exemption from the Pennsylvania Department of Revenue as of the date of this application. I also understand that any false representation is subject to penalty under 18 Pa. C.S. §4903 and 4904.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date