



# Cleveland County NORTH CAROLINA

## Advanced Notification for Seasonal Operation

Must be Submitted 45 Days Prior to Opening Each Year

(15A NCAC 18A .1000, .3600, .3500)

Type of Camp:     Summer Camp     Resident Camp     Primitive Experience Camp

Date Submitted: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_ or  Calendar Schedule Attached

Name of Camp: \_\_\_\_\_

Physical Address of Camp: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Owner/Agency: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Camp Contact (Name of the responsible person): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Type of Water Supply:     Municipal/Public Community     Non-Community or Non-Public

If Non-Community or Non-Public water supply, what date will the water supply well(s) be accessible for sampling and inspection? \_\_\_\_\_

Type of wastewater system:     Public sewage treatment plant     Individual sewage disposal system

If individual sewage disposal system, permit #: \_\_\_\_\_  DEQ permit or  DHHS permit

Max capacity of the camp:    # of campers \_\_\_\_\_    # of staff: \_\_\_\_\_

Date: \_\_\_\_\_, prior to the first date of operation, when facilities will be inspected by camp management to ensure that:

- A. Camp facilities are clean and in good repair.
- B. Camp kitchen equipment, including required refrigeration and dishwashing equipment, is clean and operational.
- C. Camp buildings and permanent sleeping quarters are free from all bats and other vermin, wildlife, and pest harborages.
- D. The camp is free from conditions which represent a threat to public health.

Are there swimming pools, wading pools, or water recreation attractions at the camp?  Yes  No

If yes, please list: \_\_\_\_\_

Field sanitation:     Written procedures available at inspection     Does not apply.

Name of Person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify the information I provided on this form is true and correct to the best of my knowledge.

**Applications can be submitted in person or by mail to:**

Cleveland County Permits Office

1333 Fallston Road

Shelby, NC 28150

Rev. 5/24