

**Application for Permit to Operate a
Resident Camp or Day Camp**

Name of Camp _____

Owner/Operator _____

Address _____

Camps Phone Number _____ Operators/Owners Phone Number _____
Fax _____

Please check type of camp

Resident Camp Day Camp

Primitive Resident Camp Primitive Day Camp

Camp Location _____

Township _____ Acres _____

I, _____, hereby apply for a permit to operate a _____
Name type of camp

camp in the Gallia County Health District. I agree to comply with sections
3701-25-01 to 3701-25-43, of the Ohio Administrative Code.

Applicant _____ Date _____

Health Department use only

Permit Approved / Disapproved by _____ Date _____

Permit Number _____ Initial inspection Date _____

Local Fee \$298.00