



Lincoln County Environmental Health

115 W. Main Street
Lincolnton, NC 28092
PHONE: 704-736-8426 FAX: 704-736-8427



Camp Plan Review Application

Application for approval to operate a Resident Camp, Summer Camp or Primitive Camp

BUSINESS AND CONTACT INFORMATION

Facility Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Website: _____

ESTABLISHMENT OWNER

Name: _____ Company: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Owner Phone: (_____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION

Contact Person: _____ Contact Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____

CAMP INFORMATION

Type of Camp: Residential Summer Primitive
Type of Construction: New Construction Remodel Addition If existing, year built: _____

SUBMIT THE FOLLOWING PLANS WITH APPLICATION:

- Topographic map of property showing buildings, equipment, water supply, wastewater disposal and recreational waters.
- Floor plan layout of lodging and food service facilities.

Camp Opening Date: _____ Camp Closing Date: _____

Proposed Number of Campers: _____ Number of Staff: _____

MISSION STATEMENT

The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT

Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.

Type of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well* *Must register with Public Water Supply Section	*Application and fee for water samples/inspection of existing well or a well permit must accompany this application.	
Type of Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic*	*Application and fee for the inspection of existing on-site system or soil evaluation must accompany this application.	
Number of toilets/urinals in toilet facilities: _____ Show toilet/bathing facilities on site plan		
SOLID WASTE		
Designated area for adequate storage of solid waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No	show on site plan
Cleaning facility that has a mixing faucet for hot and cold water:	<input type="checkbox"/> Yes <input type="checkbox"/> No	show on site plan
Contracting with waste management entity: Company Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECREATIONAL WATERS			
Swimming Pools:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*Pool permit required
Natural Body of Water:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*Approval based on inspection/bact.sampling

CLEANING / SANITIZING			
Laundry facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	show on site plan	
Type of sanitizer and test strips used in facility:			
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Quaternary Ammonium	<input type="checkbox"/> Iodophor	
HAND WASH LAVATORIES			
Required Locations:	<input type="checkbox"/> Toilet Rooms	<input type="checkbox"/> Food Service Areas	show on site plan
STORAGE			
Locations of:	Medicines:		
	Cleaning Supplies:		
	All other toxic products:		

LIGHTING

Shatterproof or shielded bulbs used in food prep/storage/serving areas: Yes No

50 foot candles lighting at work surfaces in kitchens: Yes No

10 foot candles lighting in all other storage areas Yes No

FINISHES

Finishes and or construction material for:	Food prep/service counters:
	Lodges/Cabins floors/walls/ceilings
	Toilet rooms floors/walls/ceilings:
	Bathing Facilities floors/walls/ceilings:
	Kitchen floors/walls/ceilings:

FOOD SERVICE

*A foodservice plan review application must be submitted if an on-site kitchen is provided.

Foodservice application can be obtained at <http://www.lincolncounty.org/DocumentCenter/View/7005>

Check or answer all that apply:

Meal Preparation: On-Site Kitchen* Catered Meals

ATTACH MENU to Application

Location of Dining Area: Designated Dining Area (**show on site plan**)
 Other _____

Meals/Snacks Provided: Breakfast Lunch Dinner
 Morning Snack Afternoon Snack Evening Snack

Type of utensils used during service: Re-usable Disposable

Will food be taken off-site: (overnight/camping?) Yes No

How will food be kept Hot/Cold? _____

Statement: I hereby certify that the information is correct and I fully understand that any deviation from the information provided without prior written approval from this Department may nullify final approval and prevent permit issuance:

Applicant/Owner: _____ Date: _____