

**MACON CO. PUBLIC HEALTH CENTER**

1830 Lakeside Drive

Franklin, NC 28734

Phone: 828-349-2490 Fax: 828-349-4136

**APPLICATION FOR A SUMMER CAMP PERMIT**

Name of Proposed Establishment: \_\_\_\_\_

\_\_\_\_\_ New \_\_\_\_\_ Existing

Proposed Start of Construction Date: \_\_\_\_\_ Proposed Opening \_\_\_\_\_

Facility Location Address: \_\_\_\_\_

Owner or Corporate Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

(the permit will be issued in this name)

Mailing Address: \_\_\_\_\_ (if different from location)

Contact Person: \_\_\_\_\_

Phone Number (if different from owner): \_\_\_\_\_

Number of Staff: \_\_\_\_\_ Number of Guest Rooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Operating Hours: \_\_\_\_\_ Year Round \_\_\_\_\_ Seasonal \_\_\_\_\_

Food Served: \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Menu \_\_\_\_\_

Food Catered: \_\_\_\_\_ Yes \_\_\_\_\_ No

Water Supply: City \_\_\_\_\_ On-Site \_\_\_\_\_ Date Drilled \_\_\_\_\_

Sewage Disposal: City \_\_\_\_\_ On-Site \_\_\_\_\_ Existing Grease Trap (y or n) \_\_\_\_\_

If septic system is on-site, NAME of ORIGINAL OWNER and DATE OF  
INSTALLATION \_\_\_\_\_

I have submitted plans/application to the following (If Applicable):

\_\_\_\_\_ City of Franklin - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ City of Highlands - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ Building Inspector - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_\_\_ Fire Marshall - Date \_\_\_\_\_ Contact Person \_\_\_\_\_

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Macon Co. Public Health Center. Failure to provide any requested information may delay or prevent issuance of an operating permit.

Applicant's signature and

title \_\_\_\_\_ Date \_\_\_\_\_

FOR ENVIRONMENTAL HEALTH USE ONLY

Application Received: (date)\_\_\_\_\_ (initials)\_\_\_\_\_

Type of Water Supply:\_\_\_\_\_

**Establishment I.D. Number**

**Assigned:**\_\_\_\_\_

Water Sample Results:\_\_\_\_\_

Copy of applicable rules mailed\_\_\_\_or given\_\_\_\_ date\_\_\_\_\_

Comments:\_\_\_\_\_

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