RECREATIONAL CAMP LICENSE APPLICATION

BALTIMORE COUNTY MARYLAND
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
111 WEST CHESAPEAKE AVENUE, ROOM 101
TOWSON, MD 21204
410-887-3616

LICENSE YEAR _____

APPLICATION DATE _____

CHECKS PAYABLE TO "BALTIMORE COUNTY, MARYLAND"

ANNUAL FEE: **$235.00** for 1 to 249 Campers **$295.00** for 250 or more Campers
50% Penalty Fee (For Renewals filed after April 30)
All first time applicants (new location and/or new owner) must submit a plot plan, with this application, showing the location of all structures on the property.

RECREATIONAL CAMP INFORMATION

CAMP TRADE NAME _____ **TELEPHONE NO.** _____

CAMP ADDRESS _____ **ZIP CODE** _____

NO. OF CAMPERS ACCOMMODATED DAILY _____ **NO. OF COUNSELORS AND OTHER STAFF** _____

TYPE OF FOOD SERVICE (If applicable)**:** PREPACKAGED PREPARED VENDING MACHINES OTHER _____

SEWAGE DISPOSAL (Circle one)**:** METRO PRIVATE **WATER SERVICE** (Circle one)**:** METRO PRIVATE

PLEASE INDICATE WHEN THIS CAMP IS IN OPERATION:

DATE(S) OF OPERATION: FROM _____/_____/_____ TO _____/_____/_____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME OPEN							
TIME CLOSED							

RECREATIONAL CAMP OWNER INFORMATION

MAILING NAME _____ **TELEPHONE NO.** _____

MAILING ADDRESS _____ **ZIP CODE** _____
(If different from camp address)

CAMP OWNER _____ **TELEPHONE NO.** _____

OWNER ADDRESS _____ **ZIP CODE** _____

RESIDENT AGENT _____ **TELEPHONE NO.** _____

APPLICANT'S NAME _____ **TELEPHONE NO.** _____

I hereby affirm, under penalty of perjury, that the above information is true and correct; I agree to abide by Baltimore County Code, Article 21, Title 6, Section 21-6-101 through Section 21-6-105, and other applicable laws, rules and/or regulations, and violation of the law, rules and/or regulations may result in the revocation, of this license and could incur additional legal action.

_____ _____ _____
APPLICANT'S SIGNATURE (use blue ink) **TITLE** **DATE**

ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL HEALTH: APPROVAL / DISAPPROVAL _____
(SIGNATURE) (DATE)

IF DISAPPROVED, STATE REASON(S) WHY _____

CODE ENFORCEMENT

An inspection has been made to determine that the above mentioned site is in compliance with Baltimore County Zoning Regulations (BCZR) and applicable building and plumbing codes.

ZONING REVIEW: APPROVAL / DISAPPROVAL _____
(SIGNATURE) (DATE)

IF DISAPPROVED, STATE REASON(S) WHY _____

FOR OFFICE USE ONLY

PERMIT NO._____ **FEE:** $235 $295 **CASH RCPT. NO.**_____ **CASH RCPT. DATE**_____

DATE ISSUED_____ **PENALTY FEE** $117.50 $147.50 **DATE ENTERED**_____ **BY**_____