



Lincoln County Environmental Health

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

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.

*Request Application through Environmental Health Department 704-736-8426

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: _____