



CAMP (RECREATIONAL) LICENSE APPLICATION

BALTIMORE COUNTY MARYLAND
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
111 WEST CHESAPEAKE AVENUE, ROOM 114
TOWSON, MD 21204
410-887-3616

Expires December 31 _____

ANNUAL FEE: \$265.00 (1 to 249 Campers) \$310.00 (250 or more Campers)
CHECKS PAYABLE TO "BALTIMORE COUNTY, MARYLAND" - 50% Penalty Fee (For Renewals filed after April 30)

This application does not apply to day camps or youth camps in Baltimore County. All first-time applicants (new location and/or new owner) must submit a detailed site layout plan for a proposed camp or proposed changes on an existing camp showing the location of all structures on the property including the proposed camp or proposed changes on an existing camp.

EXISTING CAMP PROPOSED CAMP TYPE OF CAMP _____
 NEW RENEWAL NEW (NEW OWNER) PREVIOUS OWNER NAME _____

RECREATIONAL CAMP INFORMATION

CAMP TRADE NAME _____ PHONE NO. _____

CAMP ADDRESS _____
Street Address, City, State, Zip Code

APPROX. NO. OF INDIVIDUALS TO BE QUARTERED NO. _____ DATE(S) OF OPERATION: FROM _____ TO _____

| | | | | | |
|-----------------|-----------------------------------|-----------------------------------|------------------|--------------------------------|----------------------------------|
| SOURCE OF WATER | <input type="checkbox"/> EXISTING | <input type="checkbox"/> PROPOSED | WATER SERVICE | <input type="checkbox"/> METRO | <input type="checkbox"/> PRIVATE |
| SEWAGE DISPOSAL | <input type="checkbox"/> METRO | <input type="checkbox"/> PRIVATE | GARBAGE DISPOSAL | <input type="checkbox"/> METRO | <input type="checkbox"/> PRIVATE |

RECREATIONAL CAMP OWNER INFORMATION

MAILING NAME _____ PHONE NO. _____

MAILING ADDRESS _____
(If different from camp address)

CAMP OWNER _____ PHONE NO. _____

OWNER ADDRESS _____
Street Address, City, State, Zip Code

APPLICANT'S NAME _____ PHONE 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 _____ TITLE _____ DATE _____

ZONING REVIEW/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 _____
(PRINT NAME AND SIGNATURE) (DATE)

IF DISAPPROVED, STATE REASON(S) WHY _____

CODE ENFORCEMENT - APPROVAL/DISAPPROVAL _____
(PRINT NAME AND SIGNATURE) (DATE)

IF DISAPPROVED, STATE REASON(S) WHY _____

ENVIRONMENTAL HEALTH SERVICES

EHS - APPROVAL / DISAPPROVAL _____
(PRINT NAME AND SIGNATURE) (DATE)

IF DISAPPROVED, STATE REASON(S) WHY _____

FOR OFFICE USE ONLY

PERMIT NO. _____ CASH RCPT. NO. _____ CASH RCPT. DATE _____ DATE ISSUED _____

FEE: \$265 \$310 WITH LATE PENALTY FEE \$397.50 \$465.00 DATE ENTERED _____ BY _____