

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 ENVIRONMENTAL HEALTH SECTION

www.dpbh.nv.gov



**SUPPLEMENTAL APPLICATION FOR
 CAMPING AND RECREATIONAL VEHICLE PARK PERMIT**

Business Information

Previous Name of Park	
Name of Park	
Address of Park	
Telephone	
Responsible Agent if other than owner	
Address of Agent	
Telephone	

Facility Information

<input type="checkbox"/> New Construction Date:	<input type="checkbox"/> Remodel Date:	<input type="checkbox"/> Ownership Change Date:
Number of Spaces:	Size of Camp and Facilities:	

Hours of Operation

Open: Annual Seasonal (if seasonal) Date Open: _____ Date Close: _____

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Water Information

Well
 Approval Date: _____ Approved By: _____

Community Water
 Approval Date: _____ Approved By: _____

Is water available within 100 Feet of every camping space? Yes No

Sewage System and Sanitation Facilities

Individual Sewage Disposal System
 Approval Date: _____ Approved By: _____

Community Sewer
 Approval Date: _____ Approved By: _____

What type of toilet facilities is provided? _____

How many toilet facilities are provided? _____

Garbage Facilities

Are refuse containers fly proof, watertight and rodent –proof? Yes No

Availability of Open Fire Pit(s) or Enclosed Fire Facilities

Yes If Yes, Provide Number: _____ No Other

Other Facility Information (Check as many as apply)

<input type="checkbox"/> Showers	<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Hand washing facilities
<input type="checkbox"/> Food Facility	<input type="checkbox"/> Food Market	<input type="checkbox"/> Snack Bar
<input type="checkbox"/> Pool(s)	<input type="checkbox"/> Spa	<input type="checkbox"/> Other:

You are responsible for contacting the Environmental Health Section whenever there is a change of operator/ownership. You must contact us if you are adding camping spaces to your park or other physical facility types.

Signature of Applicant	Print Name	Date
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