

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 COMMUNITY SERVICES - ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov



Permit No: _____
 Date Issued _____
 Expiration Date _____

**SUPPLEMENTAL APPLICATION FOR CONSTRUCTION AND
 LABOR CAMP PERMIT**

Business Information

Previous Name if Applicable	
Name of Camp	
Address of Camp	
Telephone of Camp	
Responsible Agent if other than owner	
Address of Agent	
Telephone of Agent	

Facility Information

<input type="checkbox"/> New Construction- Date: _____	<input type="checkbox"/> Remodel-Date: _____	<input type="checkbox"/> Ownership Change-Date: _____
Number of Workers: _____	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

<input type="checkbox"/> Well	<input type="checkbox"/> Community Water	<input type="checkbox"/> Other: _____
Is water available within 100 Feet of workers living quarters?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the camp capable of delivering at least 36 gallons of water per day per person to the camp?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Sewage System and Sanitation Facilities

<input type="checkbox"/> Individual Sewage Disposal System	<input type="checkbox"/> Community Sewer	<input type="checkbox"/> Other: _____
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

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 Establishment (Provide Name)		
<input type="checkbox"/> Food Providers (Provide Name)		

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

Signature of Applicant	Print Name	Date

FOR OFFICIAL USE ONLY

Permit Fee: _____	Date Paid: _____	Check No. _____	Receipt No. _____
Environmental Health Specialist Approval for Permit: (EHS Staff Must Review Application for Accuracy Prior to Submittal)			
Signature		Date	