

Skagit County Public Health
700 South 2nd Street #301
Mount Vernon, WA 98273
Phone: 360-416-1500 FAX: 360-416-1501
www.skagitcounty.net/health



EH Permit ID: _____
Fee: _____ Receipt #: _____
Date: _____ Rcvd by: _____

SKAGIT COUNTY DEPARTMENT OF PUBLIC HEALTH GROUP CAMP APPLICATION

Name of Camp: _____

Operator (Person's name responsible for day-to-day operation): _____

Legal Owner: _____

Facility Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Phone Numbers: _____ E-mail: _____
Daytime Evening Other

Water Source: Public Water System Name: _____

Wastewater Disposal: Public Sewer _____ **OR** On-Site Septic System (OSS) _____

Open Year Round **OR** Seasonal Months Open _____ to _____

Days Open (check all that apply) Mon Tues Wed Thurs Fri Sat Sun

Maximum Occupancy of Camp: _____

camper toilets: _____ # camper showers: _____ # hand sinks: _____

Permit Fees – assessed according to Skagit Count Schedule of Charges

Check all that apply.

- Group Camp
- On-Site Septic System
- Individual water system

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Skagit County Environmental Public Health and other applicable regulations regarding the above-named facility. I agree to provide access to the facility and records as required by code.

Signature: _____ Date: _____

Please return application with invoice and payment.