

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
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www.calverthealth.org**

APPLICATION FOR PERMIT TO OPERATE A BATHING BEACH

OWNERSHIP: Municipal _____ School _____

 Commercial _____ Camp _____

 Community _____ Other _____

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A BATHING BEACH.
Fee to Operate a Bathing Beach is Listed on Page 1 of the Environmental Health Fee Schedule

NAME OF BATHING BEACH: _____

LOCATION OF BEACH: _____

OWNER OF BEACH: _____

MAILING ADDRESS: _____

OWNER PHONE #: _____ OWNER EMAIL: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

CONTACT PHONE #: _____ CONTACT EMAIL: _____

OPERATING PERIOD: from: _____ to: _____

EXPECTED DAILY ATTENDANCE: average: _____ maximum: _____

NAME OF BODY OF WATER (river, bay, pond or lake) _____

DRINKING WATER SOURCE: _____

BATHING FACILITIES:

<input type="checkbox"/> Bath House	Number of Houses	_____
<input type="checkbox"/> Club House	Number of Toilets	_____
<input type="checkbox"/> Locker Room	Number of Lavatories	_____
<input type="checkbox"/> Outhouse	Number of Outhouses	_____

Date

Signature

HEALTH DEPARTMENT USE ONLY

APPROVED: ☐ YES ☐ NO

Approving Authority

Date