

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
P.O. Box 980
Prince Frederick, MD 20678
410-535-3922/301-855-1557
Fax# 410-535-5252
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. THE FEE TO OPERATE A BATHING BEACH IS \$140.00 YEARLY.

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:

- () Bath House Number of Houses _____
- () Club House Number of Toilets _____
- () Locker Room Number of Lavatories _____
- () Outhouse Number of Outhouses _____

Date

Signature

HEALTH DEPARTMENT USE ONLY

APPROVED: () YES () NO

Approving Authority

Date