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## **Camp Plan Review Application**

### **Resident Camp**

Includes camp establishments which provide food and overnight lodging accommodations for 72 consecutive hours or more per week at a permanent base of operations for groups of children or adults engaged in organized recreational or educational programs and has a permanent connection to a public electrical service provider. Programs are operated and staffed by the camp and supervision of individual campers is a camp responsibility. This definition does not include campgrounds or other facilities that only rent property or campsites for camping. This definition does not include Primitive Experience Camp as defined in 15A NCAC 18A .3500. This definition does include Children's Foster Care Camps and Residential Therapeutic (Habilitative) Camps.

### **Summer Camp**

Means those camp establishments which prepare or serve food for pay or provide overnight lodging accommodations for pay, for groups of children or adults engaged in organized recreational or educational programs. This definition does not include: (a) those day camps required to obtain a license through DCDEE; (b) Campgrounds or other facilities that only rent property or campsites for camping; (c) Resident camps, Children's Foster Care Camps, and Residential Therapeutic (Habilitative) Camps as defined in 15A NCAC 18A .3601; or (d) Primitive experience camps as defined in 15A NCAC 18A .3501.

### **Primitive Experience Camp**

Means a camp not served by any public electrical service providers and provides overnight outdoor primitive camping. Primitive Experience Camps include those camp establishments that provide food and overnight lodging accommodations for 72 consecutive hours or more per week at or from a permanent base camp for groups of children or adults engaged in overnight organized recreational or educational programs. Programs are operated and staffed by the camp and supervision of individual campers is a camp responsibility. This definition does not include campgrounds or other facilities that only rent property or camp sites for camping.

# New Camp Application

Type of Camp:  Resident Camp  Summer Camp  Primitive Experience Camp

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of Operation \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ or  Calendar Schedule Attached

Name of Camp: \_\_\_\_\_

Physical Address of Camp: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Name of the Owner/Agency: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_ Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Camp Contact (Name of the responsible person): \_\_\_\_\_

Contact Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Contact Email: \_\_\_\_\_

Type of water supply:  Municipal/Public Community  Non-Community or Non-Public

If Non-Community or Non-Public water supply, what date will the water supply well(s) be accessible for sampling and inspection? \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of wastewater system:  Public sewage treatment plant  Individual sewage disposal system

If individual sewage disposal system, permit #: \_\_\_\_\_  DEQ permit or  DHHS permit

Max capacity of the camp: # of campers: female: \_\_\_\_\_ male: \_\_\_\_\_ # of staff: \_\_\_\_\_

Type of lodging facility:  Cabins  Platform Tents  Other \_\_\_\_\_

# of campers per lodging facility: \_\_\_\_\_

Will the lodging facilities provide screening and self-closing doors?  Yes  No

Bed type:  Single  Bunk Beds

Will the lodging facilities have bathrooms?  Yes  No If yes, please describe: \_\_\_\_\_

Will the camp use bath houses?  Yes  No

What types of activities will the camp provide?  Riflery/Archery  Crafts  Pottery  Water Sports

Horseback Riding  Cooking Classes  Mountain Biking  Woodworking  Climbing Wall

Nature w/ Live Animals  Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be camping offsite or away from basecamp?  Yes  No

If yes, provide field sanitation guidelines: \_\_\_\_\_

How will laundry be done? \_\_\_\_\_

Will linens be provided by camp or by the campers? \_\_\_\_\_

Will the camp grow food that is used to feed the campers?  Yes  No

Pesticides/Pest Control?  Yes  No

Garbage/Dumpsters?  Yes  No

Infirmery?  Yes  No

Gym?  Yes  No

Are there swimming pools, wading pools, or water recreation attractions at the camp?

Yes  No If yes, please list: \_\_\_\_\_

Field sanitation:  Written procedures available at inspection  Does not apply.

Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_), prior to the first date of operation, when facilities will be inspected by camp management to ensure that:

- A. Camp facilities are clean and in good repair.
- B. Camp kitchen equipment, including required refrigeration and dishwashing equipment, is clean and operational.
- C. Camp buildings and permanent sleeping quarters are free from all bats and other vermin, wildlife, and pest harborages.
- D. The camp is free from conditions which represent a threat to public health.

Name of person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify the information I provided on this form is true and correct to the best of my knowledge.

## Camp Plan Review Application

*This application must be completed in its entirety, or your review may be significantly delayed.*

Type of Camp:     Resident Camp     Summer Camp     Primitive Experience Camp

### Establishment Information

Name of Establishment:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ PIN #: \_\_\_\_\_

### Owner Information

Owner or Owner's Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Submitter Information

Submitter: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

**I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.**

**Signature:** \_\_\_\_\_  
(Owner or Responsible Representative)

**Season(s) of Operation:**

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**Projected number of meals served daily:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Number of food deliveries received per week: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Facility total square feet: \_\_\_\_\_

Projected start date of construction: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

**Type of food service: (Select all that apply)**

- Restaurant – In House  Catered Food  
 Other (explain): \_\_\_\_\_

**Type of utensils used:**

- Single service (disposable): Multi-use (reusable):  
 Plates  Glassware  Silverware  Plates  Glassware  Silverware

Will **specialized processes** be used as specified in Section 3-502.11 of the North Carolina Food Code?

- Yes  No

If YES, indicate which processes will be used:

- Curing  Acidification (sushi, etc.)  Reduced Oxygen Packaging  
 Smoking  Sprouting Beans  Other

Explain checked processes:

Will any **virtual brands** be provided?

- Yes  No

If YES, list brand names: \_\_\_\_\_

Menu to be served: \_\_\_\_\_

Estimated number of meals per week: \_\_\_\_\_

**Cold Storage:**

**How was the volume of cold storage indicated below determined to be adequate?**

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Reach-in cold storage (in cubic feet):	Walk-in cold storage (in cubic feet):
Reach-in refrigerator storage: _____ ft <sup>3</sup>	Walk-in refrigerator storage: _____ ft <sup>3</sup>
Reach-in freezer storage: _____ ft <sup>3</sup>	Walk-in freezer storage: _____ ft <sup>3</sup>
Number of reach-in refrigerator: _____	
Number of reach-in freezers: _____	

**Cold Holding:**

List foods that will be held **cold**: (include equipment used)

**Hot Holding:**

List foods that will be held **hot**: (include equipment used)

**Cooling:**

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours. If “Other” is checked indicate the type of food: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill**				

(\*\*Check only if rapid chill equipment such as blast chillers are provided.)

**Thawing:**

Indicate by checking the appropriate boxes how food in each category will be thawed.

If “Other” is checked indicate type of food: \_\_\_\_\_

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70°F (21°C)				
Cooked Frozen				
Microwave				

**Food Handling Procedures: (Should be provided by owner/owner's representative)**

*Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.*

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, hot held, etc.)
- When (time of day and frequency/day) food will be handled

**1. Ready to eat foods:** *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw molluscan shellfish*

**2. Produce; grains and pasta:** *e.g., beans, rice, macaroni*

**3. Poultry:**

**4. Meat:**

**5. Seafood:**

**Dry Storage:**

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

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Where will dry goods be stored? \_\_\_\_\_

Square feet of dry storage shelf space: \_\_\_\_\_ ft<sup>2</sup>

**Finish Schedule:**

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other:				
Other:				

**Water Supply and Sewage:**

Water supply:  Municipal  Well

Sewer:  Municipal  Septic

Ice will be:  Made on premises  Purchased

Water heater(s):

**Tank type:**

- Manufacturer and model: \_\_\_\_\_
- Storage capacity: \_\_\_\_\_ gallons  
 Electric water heater: \_\_\_\_\_ kilowatts (kW)      Gas water heater: \_\_\_\_\_ BTU's
- Water heater recovery rate (gallons per hour at 80°F temperature rise): \_\_\_\_\_ GPH

**Tankless:**

- Manufacturer and model: \_\_\_\_\_
- Quantity of tankless water heaters: \_\_\_\_\_
- Water heater recovery rate (gallons per minute at 80°F temperature rise): \_\_\_\_\_ GPM

(See **Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed**)



Check the appropriate box indicating equipment drains:

	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
<b>Plumbing Fixtures</b>				
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grease trap size: \_\_\_\_\_

**Warewashing Equipment:**

**Manual Warewashing:** Size of each sink compartment (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

What type of sanitizer will be used?  Chlorine  Iodine  Quaternary Ammonium  Hot Water  
 Other (specify) \_\_\_\_\_

**Mechanical Warewashing:**

Will a warewashing machine be used?  Yes  No

Warewashing machine manufacturer and model: \_\_\_\_\_

Type of sanitization:  Hot water (180°F)  Chemical

**General:**

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

\_\_\_\_\_

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

\_\_\_\_\_

Square feet of air-drying space: \_\_\_\_\_ ft<sup>2</sup>

**Handwashing:**

Indicate number and location of handwashing sinks:

**Employee Accommodations:**

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.):

**Refuse and Recyclables:**

Will refuse be stored inside?  Yes  No

If yes, where: \_\_\_\_\_

Provision for refuse disposal:  Dumpster  Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained?  Yes  No

If yes, indicate name of cleaning contractor: \_\_\_\_\_

Will the dumpster/compactor be cleaned at the establishment?  Yes  No

Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

**Service Sink:**

Location and size of service (mop) sink/can wash: \_\_\_\_\_

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.):

**Insect and Rodent Control:**

How is protection provided on all outside doors?  Self-closing door  Fly Fan  Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

Self-closing  Fly Fan  Screening  N/A

**Linen:**

Indicate location of clean and dirty linen storage:

**Poisonous and Toxic Material:** Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: