



Cleveland County
NORTH CAROLINA

Primitive Experience

Resident

Day Camp

Advanced Notification for Seasonal Operation

(15A NCAC 18A .3500, .3600, .3700)

Must be Submitted 45 Days Prior to Opening

Date Submitted: ___/___/___

Dates of Operation: ___/___/___ to ___/___/___ or Calendar Schedule Attached

Name of Camp: _____

Physical Address of Camp: _____

City: _____ State _____ Zip _____ Phone # (____) _____

Name of Owner/Agency: _____

Billing Address: _____

City: _____ State _____ Zip _____ Phone # (____) _____

Contact Name: _____

Contact Phone # (____) _____ Cell Phone # (____) _____

Contact Email: _____

Type of Water Supply: Public Water Private Well

Access to Approved Water Supply: Yes No

Required Equipment Operational: Yes No

Swimming Pool Permit: Yes No

Field Sanitation: Posted at site Available at inspection Does not apply

Capacity of Camp: _____ campers _____ staff

Name of Person completing form: _____

Title: _____ Signature: _____

Office Use Only

Date of Approval/Permitting: _____

Signature: _____ EHS # _____

Applications can be submitted in person or by mail to:

Cleveland County Permits Office
1333 Fallston Road
Shelby, NC 28150