



**Department of Inspectional Services
Worcester, Massachusetts**

Inspectional Services

**Christopher P. Spencer,
Commissioner**

**Amanda M. Wilson, Director
Housing/Health Inspections**

FEE: \$225.00
Date Paid _____

APPROVED _____
Date _____

**APPLICATION FOR A PERMIT TO CONDUCT A DAY RECREATION
CAMP**

In accordance with 105 CMR 430.000 of the State Sanitary Code Chapter IV and as provided in Sections 32A and 32B of Chapter 140 of the Massachusetts General Laws.

Name of Camp: _____

Address of Camp: _____

Name of Owner: _____

Address of Owner: _____

Name of Camp Director: _____ **Phone#** _____

Type of Camp: () Day Recreation () Residential () Primitive, Travel or Trip

Garbage Disposal (Vendor): _____ **Milk Supply (Vendor):** _____

Duration of Occupancy (Dates of Camp): _____

Maximum Camper Capacity as Determined by the Following Criteria: _____

COUNSELORS

Day Camp- 1 counselor per 10 campers over age 6 years, 1 counselor per 5 campers under age 6 years

Primitive Camp- 1 counselor per 10 campers with a minimum of 2 counselors

Special Needs Campers- 1 counselor per 4 mildly disabled campers, 1 counselor per 2 severely disabled campers.

TOILET FACILITIES

Two toilets or privy seats for each sex up to 60 campers, 1 additional toilet or privy seat for each additional 30 campers, or fraction thereof of that sex. Urinals may be substituted for males at 1 urinal or 2 lineal feet of urinal trough for up to 1/3 of the toilets or privy seats required.

Signature of Owner: _____ **Date:** _____

Probable Date of Camp Opening: _____

Note: Regulation 430.000 of Chapter IV of the Massachusetts Sanitary Code prohibits any person, trust, authority, government agency, political subdivision or any other entity from operating a recreational camp for children which does not comply with all requirements of the chapter.