



Health District Permit Application

- Hotel
 Residential B & B
 Campground
 Summer Camp
 Other
 New
 Renewal

Office use only:
 Receipt # _____ Check # _____ Plan Review Fee _____ Permit Fee _____
 Date: _____

Part I- Establishment Information

Name: _____ Phone: _____ Fax: _____
 Street: _____ City: _____ Zip: _____
 Mailing Address: _____
 Email for official correspondence: _____
 Number of: Rooms _____ Campsites _____ Persons Housed _____ Seats _____
 Smoking Status: Smoke free Smoking in restricted areas Smoking with no restrictions
 Water Source: Public Private (well)
 Sewage: Public Private (drainfield / modular sewage treatment plant)
 Method of Trash Disposal: _____

Part II- Ownership Information (Please provide a copy of your current business license)

Association
 Corporation/LLC
 Individual
 Partnership
 Other
 Ownership Name : _____
 Name, title, address, & phone of facility manager: _____

I/we attest to the accuracy of the information provided, affirm to comply with the Regulations, and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____

Payment & Processing Information: Cash, Credit Card (Visa or Mastercard), or Check (Payable to Prince William County)

\$40.00 Permit Fee
Applications and Payments may be mailed to the following address or processed in-person during business hours:
Prince William Health District
8470 Kao Circle Manassas, Virginia 20110-1702
Phone 703-792-6310, option 1 Fax 703-257-5138
Hours: M-F 8:00-4:30