

Fee: <u>\$ 125.00</u>
Check #
Permit #
VALID THRU July 1, 20

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road Email: BOH@Oakham-MA.gov Unit # 8 Phone: 508 882 4069 (voicemail)

Oakham, MA 01068 Website: http://oakham-ma.gov/board-health

APPLICATION FOR LICENSE TO MAINTAIN AND OPERATE FAMILY CAMPGROUND

Regulations can be found here: https://www.mass.gov/doc/105-cmr-440-state-sanitary-code-chapter-vi-minimum-standardsfor-developed-family-type-camp/download Name of Campground _____ Address _____ Phone # Email Owner's Name Maximum Tent Campsite Capacity: _____ **Maximum Self Contained Unit Campsite Capacity:** Estimated Start and end of Season: Source of Water Supply: _____ Source of Sewage Disposal/Hauling Company: Method of Garbage Disposal/Hauling Company:)_____ Application is hereby made for a license to operate a Family Type Campground - 140 CMR 440. Signature of Applicant Date For Board of Health Use Only APPROVED / DENIED (circle one) If Denied, Reason ______ Board of Health Member/Agent: Date of Permit: _____