

BUILDING SAFETY

*For Youth Camps using a School (Public or Private)
or a Government Owned Building or Property*

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-MDH ext. 8417

I. CAMP OPERATOR

If your youth camp is operating at a school (public or private) or a government owned building or property that is used by the public more that 170 days, complete the information in this section and forward this form to the building owner or the building owner's authorized representative.

CAMP OPERATOR NAME			PHONE
CAMP NAME		SITE OWNER	
MAILING ADDRESS		SITE ADDRESS	
CITY	STATE	ZIP	CITY ZIP
			STATE

II. BUILDING OWNER

This facility is seeking a youth camp certificate or letter of compliance from the Maryland Department of Health, Center for Healthy Homes and Community Services. Please complete the information below, and return the form to the camp operator listed above.

- The water supply is adequate, easily accessible to the campers, of a safe and sanitary quality and from an approved water supply system which is constructed, protected, operated and maintained in conformance with applicable State codes and local subdivision ordinances.
- The sewage disposal system is installed, operated, and maintained in conformance with applicable State codes and local subdivision ordinances.
- The plumbing at this building is installed, protected and maintained in conformance with applicable State codes and local subdivision ordinances.
- The electrical system at this building is installed and maintained in conformance with applicable State codes and local subdivision ordinances.
- The building is constructed and maintained in conformance with all fire and safety code requirements and is approved by the State or county fire authority.
- The building or property meets applicable local building and zoning approvals.

The camp operator should be aware of the following problems.

Water Supply: _____

Sewage Disposal: _____

Plumbing: _____

Electrical: _____

Fire Safety: _____

Zoning: _____

Other: _____

BUILDING OFFICIAL'S SIGNATURE	TITLE	DATE	PHONE
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