



**Department of Inspectional Services  
Worcester, Massachusetts**

**Inspectional Services**

**John R. Kelly,  
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.