

Application for Industrial Camps

Why are you applying? *Please check all that apply*

- I'm building a new business / facility or renovating an existing business / facility (please complete all Sections)
- I've purchased an existing business / facility (please complete all Sections)
- I'm updating my information with you (e.g. contact information, months of operation)
(please complete **Business / Facility Name** and any areas that require updating)

Section A: Name and Contact Information

Business / Facility Name		Business / Facility Email Address	
Facility Site Address (include unit, number, street)		City	Postal Code
Legal Description (Plan, Lot, District Lot, Block Numbers)			
Site GPS Coordinates (latitude and longitude)		Site Directions (include km markers if required)	
Site Phone	Cell Phone	Site Fax	
Type of ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Private / Sole Proprietorship <input type="checkbox"/> Corporation or Company (Ltd, Inc)			
What is the Legal Owner Name (if different from the Business / Facility Name above)			
Owner Contact Person		Email Address	
Mailing Address (include unit, number, street)		City	Postal Code
Owner Phone	Owner Alternate Number	Owner Fax	
Operator / Manager Name		Phone Number	Fax Number

Need help? Please call 1-855-744-6328

Section B: Type of Operation

Type of operation: <input type="checkbox"/> Mining <input type="checkbox"/> Agricultural <input type="checkbox"/> Silviculture <input type="checkbox"/> Other _____	
Type of operation: <input type="checkbox"/> Short term (≤ 5 months) <input type="checkbox"/> Long Term (> 5 months)	
Duration of Camp: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
Months of operation: From (month) _____ to (month) _____ <i>If operational timeframes exceed a single date range, please provide details to the Environmental Health Officer</i>	
Estimated number of occupants: _____	
Intended Date of Opening / Change (dd/mm/yyyy): _____	
Closure Date of Operation (dd/mm/yyyy): _____	
Other Services at this address: <input type="checkbox"/> Own / operate a Food Premises Comments _____	
Sewage Waste Disposal: <input type="checkbox"/> Septic System OR <input type="checkbox"/> Community Sewer	
Water Supply System: _____	
Signature of Applicant _____	Date (dd/mm/yyyy) _____
<small>The personal information collected is necessary for program operation per Section 26 of the Freedom of Information and Protection of Privacy Act. Information that appears on a permit may be disclosed per Section 22(4)(i) of the Act. If you have any questions about the collection and use of this information, please contact a Health Protection Office.</small>	

OFFICE USE ONLY

<input type="checkbox"/> New Application	HH#(s) _____	Change of: <input type="checkbox"/> Facility Category <input type="checkbox"/> Facility Category Style <input type="checkbox"/> Months of Operation <input type="checkbox"/> Facility Site Address <input type="checkbox"/> Change of Fees <input type="checkbox"/> Tobacco Sales Closure <input type="checkbox"/> Reduction of Fees – multi-premises <input type="checkbox"/> Fee Waived (declaration attached) <input type="checkbox"/> Fee Exempt		
<input type="checkbox"/> Change of Owner	Previous Owner Name _____			
<input type="checkbox"/> Change of Facility Name	Previous Premises Name _____			
Name of System Supplying Water to Facility _____				
Date (dd/mm/yyyy)	Amount Paid	Receipt #	Cheque #	Payment method <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
HH Community		EHO		
Reporting Site (if applicable)		Work Area		
Copy sent and referred to: <input type="checkbox"/> Tobacco Program <input type="checkbox"/> Recreational Water Program <input type="checkbox"/> Drinking Water Program <input type="checkbox"/> Personal Services Program <input type="checkbox"/> Food Program				