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**Guidelines for Plan Review and Licensing for Temporary Park-Camps**

Plans / application for temporary parks-camps shall be submitted to the Pickaway County Public Health at least 15 days prior to opening and include the following:

1. Plan review application.
2. Application to License a Temporary Park Camp
3. Site evaluation form completed by the licensor
4. Written verification by the fire protection authority indicating
	1. Park and camp has adequate fire protection
	2. Method and layout of fire protection
	3. All applicable fire codes shall be adhered to in the construction and operation of the park and camp.
5. Name and address of proposed licensee and letter of transmittal requesting review
6. A vicinity map, including location and legal description of the park or camp and travel instructions for locating.
7. The area, dimensions, and elevation of tract of land (flood plan check).
8. Details of water supply, if applicable.
9. Details of sewage collection and disposal, if applicable
10. Details of grey water disposal facilities
11. Location and details of lighting.
12. The method of storage and disposing of solid wastes.

\*\*Please submit your temporary camp plans. The Plan review fee is $ and will be good for 2 years. Temporary Park Permit is $ for the 20 year. Please submit the plan review application, plans and your Permit application along with your payment to our office before September 30, 20.\*\*

All plan review and license fees must be paid before the event.

Contact the Environmental Health Division at 740-477-9667 Ext 225 if you have any questions.

Thank you,

Environmental Health Staff

**TEMPORARY PARK-CAMP PLAN REVIEW APPLICATION**

**Temporary Park Camp Name**

**Start Date: End Date:**

### # of proposed camp sites

**Temporary Park Camp Address**

### Type of camping units (Rv’s with holding tanks, Rv’s without holding tanks, tents, campers, etc.)

### Property owner phone number

### Property owners name

### Zip code

### City

### Property owners address

### Phone Number

### Applicant / Operator Name

### Zip code

### City

### Applicant / Operator address

### I hereby certify that I am the intended operator or authorized representative of this temporary park-camp

### Applicant’s Signature: Date:

**For office use only:**

### Fee:

### Date plans received

### Paid on:

### Sanitarian:

### Plans approved or disapproved