

# Pickaway County Public Health

110 Island Rd., Suite C, P.O. BOX 613 CIRCLEVILLE, OH 43113  
Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102

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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:

- A. Plan review application.
- B. Application to License a Temporary Park Camp
- C. Site evaluation form completed by the licensor
- D. Written verification by the fire protection authority indicating
  - a. Park and camp has adequate fire protection
  - b. Method and layout of fire protection
  - c. All applicable fire codes shall be adhered to in the construction and operation of the park and camp.
- E. Name and address of proposed licensee and letter of transmittal requesting review
- F. A vicinity map, including location and legal description of the park or camp and travel instructions for locating.
- G. The area, dimensions, and elevation of tract of land (flood plan check).
- H. Details of water supply, if applicable.
- I. Details of sewage collection and disposal, if applicable
- J. Details of grey water disposal facilities
- K. Location and details of lighting.
- L. 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

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**PICKAWAY COUNTY  
PUBLIC HEALTH**  
*We Care.*

## TEMPORARY PARK-CAMP PLAN REVIEW APPLICATION

Temporary Park Camp Name	Start Date:	End Date:
Temporary Park Camp Address	# of proposed camp sites	
Type of camping units (Rv's with holding tanks, Rv's without holding tanks, tents, campers, etc.)		

Property owners name	Property owner phone number	
Property owners address	City	Zip code

Applicant / Operator Name	Phone Number	
Applicant / Operator address	City	Zip code

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:

Date plans received	Fee:	Paid on:	Plans approved or disapproved	Sanitarian:
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