

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground			Health District Pickaway County Public Health	
Address of event			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip				
Start date	End date	# of days for this event (<= 7 days)		
Name of Owner / Licensee				
Address				
City/ State/ Zip				
Phone #		E-mail		
# of camp sites per approved plans		Water Supply: <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name	Phone #	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee :

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No.	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground CIRCLEVILLE CITY SCHOOL			Health District Pickaway County Public Health	
Address of event 388 CLARK DR			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 06/19/2018	End date 06/20/2018	# of days for this event (<= 7 days) 2		
Name of Owner / Licensee COLUMBUS OUTDOOR PURSUITS DBA GOBA				
Address 27 E HOME STREET				
City/ State/ Zip WESTERVILLE, OH 43081				
Phone # 1-614-273-0811		E-mail		
# of camp sites per approved plans 250		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name LARRY JENKINS	Phone # 1-614-975-2540	E-mail larry.jenkins@outdoor-pursuits.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 11	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground CIRCLEVILLE CITY SCHOOLS - GOBA			Health District Pickaway County Public Health	
Address of event 388 CLARK DR			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date / /	End date / /	# of days for this event (<= 7 days) 1		
Name of Owner / Licensee COLUMBUS OUTDOOR PURSUITS DBA GOBA				
Address 27 E HOME ST				
City/ State/ Zip WESTERVILLE, OH 43081				
Phone # 1-614-273-0811		E-mail		
# of camp sites per approved plans 250	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name LARRY JENKINS	Phone # 1-614-975-2540	E-mail larry.jenkins@outdoor-pursuits.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$75.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 2	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground ELKS RV LOT			Health District Pickaway County Public Health	
Address of event 125 - 127 W HIGH ST REAR			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/15/2019	End date 10/19/2019	# of days for this event (<= 7 days) 5		
Name of Owner / Licensee ELKS LODGE #77				
Address 215 N COURT ST				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-4175	E-mail walterwinner77@gmail.com			
# of camp sites per approved plans 7	Water Supply: <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input checked="" type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE CITY		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name WD WINNER	Phone # -740-207-6508	E-mail walterwinner77@gmail.com
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$100.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 12	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground ELKS RV LOT			Health District Pickaway County Public Health	
Address of event 125 W HIGH ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/18/2021	End date 10/23/2021	# of days for this event (<= 7 days) 6		
Name of Owner / Licensee ELKS LODGE #77				
Address 215 N COURT ST				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-4175		E-mail walterwinner77@gmail.com		
# of camp sites per approved plans 7		Water Supply: <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input checked="" type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name WALTER WINNER	Phone # -740-207-6508	E-mail walterwinner77@gmail.com
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 22	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground HULBERT TEMPORARY PARK CAMP			Health District Pickaway County Public Health	
Address of event 140 W MAIN ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/19/2021	End date 10/23/2021	# of days for this event (<= 7 days) 5		
Name of Owner / Licensee TRENT HULBERT				
Address 278 PAWNEE RD				
City/ State/ Zip CHILLICOTHE, OH 45601				
Phone # 1-740-466-9591		E-mail		
# of camp sites per approved plans 6	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name : CITY		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name TRENT HULBERT	Phone # 1-740-466-9591	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 21	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground HULBERT TEMPORARY PARK/CAMP			Health District Pickaway County Public Health	
Address of event 140 W MAIN ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/15/2019	End date 10/19/2015	# of days for this event (<= 7 days) **		
Name of Owner / Licensee TRENT HULBER				
Address 278 PAWNEE RD				
City/ State/ Zip CHILLICOTHE, OH 45601				
Phone # -740-772-6498		E-mail		
# of camp sites per approved plans 8		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input checked="" type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE DEPT		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name TRENT HULBERT	Phone # -740-772-6498	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$100.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 1903	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground K.B.S.			Health District Pickaway County Public Health	
Address of event 301 N. COURT STREET			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/15/2019	End date 10/19/2019	# of days for this event (<= 7 days) 5		
Name of Owner / Licensee CARMI KISSEL				
Address 6104 ROSE PETAL DR				
City/ State/ Zip CINCINNATI, OH 45247				
Phone # 1-551-323-5184	E-mail carmikisselbros@gmail.com			
# of camp sites per approved plans 8	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name : CIRCLEVILLE		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input checked="" type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE DEPT		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name CARMI KISSEL	Phone # 1-513-235-1814	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$100.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 16	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground KINGSTON NATIONAL BANK			Health District Pickaway County Public Health	
Address of event HIGH ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date / /	End date / /	# of days for this event (<= 7 days) 1		
Name of Owner / Licensee BIALY PROPERTIES				
Address 155 W FRANKLIN ST				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone #		E-mail		
# of camp sites per approved plans 6		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name BIALY PROPERTIES	Phone #	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 13	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY AG AND EVENT CENTER			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 05/27/2022	End date 05/29/2022	# of days for this event (<= 7 days) 3		
Name of Owner / Licensee PICKAWAY CO AG SOCIETY				
Address 415 LANCASTER PIKE				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-2085		E-mail		
# of camp sites per approved plans 144		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name PICKAWAY COUNTY AG SOCIETY TIFFANY	Phone # -740-474-2085	E-mail secretary@pcikawaycountyfair.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd : 04/26/202	Date Plan Review Approved : 04/26/202	Number of Days Licensed this Year (including this event) : 2
Plan Review Approved By : JERE MARKS, R.S.	Number of Sites Approved : 144	License Fee : \$587.06

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor : CANDACE SCHWALBAUCH	Date Payment Received : 04/26/202	Date Processed : 04/27/202
License Audit No. 5704	Health District License No. 14	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY AG AND EVENT CENTER			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 07/16/2021	End date 07/18/2021	# of days for this event (<= 7 days) 3		
Name of Owner / Licensee PICKAWAY CO AG SOCIETY				
Address 415 LANCASTER PIKE				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-2085		E-mail secretary@pickawaycountyfair.org		
# of camp sites per approved plans 144		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name : CITY		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE CITY		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name	Phone #	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 18	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY AG AND EVENT CENTER			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/17/2021	End date 10/23/2021	# of days for this event (<= 7 days) 7		
Name of Owner / Licensee PICKAWAY COUNTY AG SOCIETY				
Address 415 LANCASTER PIKE				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone #		E-mail secretary@pickawaycountyfair.org		
# of camp sites per approved plans 144		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name PICKAWAY COUNTY AG SOCIETY	Phone #	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 24	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY AG SOCIETY			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 08/20/2021	End date 08/22/2021	# of days for this event (<= 7 days) 3		
Name of Owner / Licensee PICKAWAY COUNTY AG SOCIETY				
Address 415 LANCASTER PIKE				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-2085	E-mail secretary@pickawaycountyfair.org			
# of camp sites per approved plans 144	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name PICKAWAY COUNTY AG SOCIETY	Phone # -740-474-2085	E-mail secretary@pickawaycountyfair.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 19	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY AG SOCIETY			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 08/27/2021	End date 08/29/2021	# of days for this event (<= 7 days) 3		
Name of Owner / Licensee PICKAWAY COUNTY AG SOCIETY				
Address				
City/ State/ Zip				
Phone #		E-mail		
# of camp sites per approved plans 144	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name PICKAWAY COUNTY AG SOCIETY	Phone # -740-474-2085	E-mail secretary@pickawaycountyfair.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 20	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY FAIR GROUNDS			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PK			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 05/28/2021	End date 05/30/2021	# of days for this event (<= 7 days) 3		
Name of Owner / Licensee PICKAWAY COUNTY AG SOCIETY				
Address 415 LANCASTER PK				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # 1-740-474-2085		E-mail secretary@pickawaycountyfair.org		
# of camp sites per approved plans 144		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE DEPARTMENT CIRCLEVILLE 43113		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name PICKAWAY COUNTY AG SOCIETY	Phone # -740-474-2085	E-mail secretary@pickawaycountyfair.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 2102	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PICKAWAY COUNTY FAIRGROUNDS			Health District Pickaway County Public Health	
Address of event 415 LANCASTER PIKE			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 09/30/2020	End date 10/07/2020	# of days for this event (<= 7 days) 8		
Name of Owner / Licensee PICKAWAY COUNTY FAIRGROUNDS				
Address 415 LANCASTER PIKE				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-474-2085	E-mail president@pickawaycountyfair.org			
# of camp sites per approved plans 50	Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE DEPARTMENT CIRCLEVILLE 43113		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name VON CREMEANS	Phone # -740-404-4041	E-mail president@pickawaycountyfiar.org
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 17	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground PUMPKIN SHOW PARKING			Health District Pickaway County Public Health	
Address of event 144 E MAIN ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount	
City/Zip CIRCLEVILLE 43113				
Start date 10/18/2021	End date 10/23/2021	# of days for this event (<= 7 days) 6		
Name of Owner / Licensee CIRCLEVILLE ATHLETIC CLUB, LLC				
Address 2869 N COURT ST				
City/ State/ Zip CIRCLEVILLE, OH 43113				
Phone # -740-497-4432		E-mail cstevenson@harralstevenson.com		
# of camp sites per approved plans 10		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name : CITY OF CIRCLEVILLE		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input checked="" type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input type="checkbox"/> Other :
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District		

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name CRAIG STEVENSON	Phone # 1-614-561-7961	E-mail cstevenson@harralstevenson.com
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 1902	

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground UPCHURCH CAMP			Health District Pickaway County Public Health		
Address of event 145 E MAIN ST			Directions: (please print) 1. Complete one application for each temporary campground event; 2. Sign and Date the application; 3. Include the required items for review per OAC 3701-26-05(C)(10) 4. License will not be issued until plan review is approved. 5. Contact Local Health District to obtain the license fee amount		
City/Zip CIRCLEVILLE 43113					
Start date 10/17/2021	End date 10/23/2021	# of days for this event (<= 7 days) 7			
Name of Owner / Licensee LARRY UPCHURCH					
Address 145 E MAIN ST					
City/ State/ Zip CIRCLEVILLE, OH 43113					
Phone # 1-740-601-1657		E-mail purpleiris2015@gmail.com			
# of camp sites per approved plans 11		Water Supply: <input checked="" type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS Name :		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-Site <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Other :	
Fires permitted on campsites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Local Fire District CIRCLEVILLE FIRE DEPARTMENT CIRCLEVILLE 43113			

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name LARRY UPCHURCH	Phone # 1-740-601-1657	E-mail purpleiris2015@gmail.com
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to: Return the fee and application to:

Pickaway County Public Health	Health District Pickaway County Public Health	
	Street address 110 Island Rd., Suite C	
	City Circleville	
	Zip 43113	Phone # 1-740-477-9667

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd :	Date Plan Review Approved :	Number of Days Licensed this Year (including this event) :
Plan Review Approved By :	Number of Sites Approved :	License Fee : \$165.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor :	Date Payment Received :	Date Processed :
License Audit No.	Health District License No. 15	

Each plan submittal shall include the following prior to the start of the plan review per OAC 3701-26-05(C)(10):

1. Signed Temporary Campground Application for Plan Review and License to Operate Form HEA 5336;
2. Site Evaluation Report, HEA 5228 completed and signed by the licenser (local health district)
3. Written verification by the fire protection authority that has jurisdiction in the area that adequate fire protection can be provided to the campground
4. **Two sets of drawings * to include :**
 - a. Layout of temporary campground;
 - b. Plot plan showing location, number, and size of sites;
 - c. Internal access or camp roads;
 - d. Detail of water supply (if provided);
 - e. Detail of sewerage system;
 - f. Detail of water and sewer hookup at individual sites (if applicable);
 - g. Method and layout of electrical distribution system including individual service connections;
 - h. Location of shower facilities (when provided);
 - i. Location, number, and type of toilet facilities;
 - j. Location, number, and details of gray water recycling system;
 - k. Location, number, and details of dump station(s)
 - l. Variance or waiver requests (if needed) must be received by the Ohio Department of Health (ODH) for review at least 90 days prior to the event

Temporary Campground applications are to be submitted for review to the local health district having jurisdiction

*** Reproduction from other documents are acceptable if legible. Drawings should be to scale.**

Note - the applicant assumes responsibility for obtaining any permits that may apply to the construction and/or development of this temporary campground.