

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.	

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.