

# Temporary Campground Application for Plan Review and License to Operate

<b>Name of Temporary Campground</b>			<b>Health District</b>	
Address of event				
City/Zip				
Start date	End date	# of days for this event (≤7 days)		
<b>Name of Owner / Licensee</b>				
Address				
City/ State /Zip				
Phone #		E-mail		
Number of sites proposed		Water Supply <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A		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		

- 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.**

**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:**

*(Licensor to complete:  
either pre-printed, or with a label or stamp)*

**Return the fee and application to:**

Health District	
Street address	
City	
Zip	Phone #

**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: <b>\$175.00 + \$2.00 PER SITE OVER FIRST 50 SITES</b>

**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, ODH HEA 5228 completed and signed by the licensor (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.

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

\*Reproductions from other documents are acceptable if legible. Drawings should be scale.

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