

# Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground			Health District Hocking County Health Department		
Address of event			<p align="center"><b>Directions: (please print)</b></p> <ol style="list-style-type: none"> <li><b>Complete one application for each temporary campground event;</b></li> <li><b>Sign and Date</b> the application;</li> <li>Include the required items for review per OAC 3701-26-05(C)(10)</li> <li>License will not be issued until plan review is approved.</li> <li>Contact Local Health District to obtain the license fee amount.</li> </ol>		
City/Zip					
Start date	End date	# of days for this event (≤7 days)			
Name of Owner / Licensee					
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			

**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:**

	Health District <b>Hocking County Health Department</b>	
	Street address <b>350 SR 664 N</b>	
	City <b>Logan, Ohio</b>	
	Zip <b>43138</b>	Phone # <b>740-385-3030</b>

**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>\$ 85.00</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 application must be accompanied with the following items per OAC 371-26-05 (C) (10):**

1. Site Evaluation Report Form HEA 5228;
2. Written verification by the fire protection authority stating the following: - *Adequate fire protection can be provided to the campground.*
3. Plans to include the following (do not need to be to scale):
  - a. Layout of temporary campground;
  - b. Plot plan showing location, number, and size of sites minimum 1000 sq. ft. in size;
  - c. Internal access or camp roads;
  - d. Detail of water supply if provided;
  - e. Detail of sewerage system if provided;
  - f. Detail of water and sewer hookup at individual sites if applicable;
  - g. Method and layout of electrical distribution system including individual service connections if applicable;
  - h. Location of shower facilities when provided;
  - i. Location, number, and type of toilet facilities to follow schedule below;
  - j. If portable restrooms are used, name of Registered Septage Hauler;
  - k. Location, number, and details of gray water recycling system;
  - l. If self-contained RV's are allowed, location, number, and details of dump station or written contract with a Registered Septage Hauler;
  - m. Location of telephone or sign with directions to nearest phone and sign with address of campground and emergency numbers listed;
  - n. Location, number and details of solid waste disposal containers and contract with a solid waste hauler;
  - o. First aid equipment consisting of at least disposable gloves and materials to stop bleeding and to clean and cover minor cuts and abrasions;
  - p. Record of all injuries occurring in the campground;
  - q. Record of all pets including owner contact information and rabies vaccination;
  - r. Rules to include traffic control, spacing of camping units, noise control, use of hazardous materials and fire safety, and use of facilities and prevention of nuisances.

Use table below for the number of toilet facilities required

SITES	MEN – Urinals	MEN – Toilets	WOMEN
5 – 15		1	1
16 – 30	1	1	2
31 – 60	1	2	3
61 – 90	2	2	4
91 – 120	2	3	5
121 – 150	3	3	6
151 – 200	4	4	8
201 – 300	5	5	10
301 - 400	6	6	12
401 – 500	7	7	14
501 - up	Add 1 per 200	Add 1 per 200	Add 2 per 200