

# Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground			Health District		
Address of event			<p style="text-align: center;"><b>Directions: (please print)</b></p> <ol style="list-style-type: none"> <li><b>Complete <u>one application</u> 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 Public PWS    Private    N/A		Type of Sewerage System Municipal    Dump Station(s)    Septage Hauler	
Fires permitted on campsites? Yes    No		PWS name: Local Fire District			

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

Name	Phone #	E-mail
------	---------	--------

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
-----------	------

**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

<i>(Licensor to complete: either pre-printed, or with a label or stamp)</i>	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: \$

**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 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.

\*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.

**Temporary camp fee is \$100 for up to 50 sites and \$1.25 for each site over 50.**