Department of Health

Temporary Campground

Application for Plan Review and License to Operate

Name of Temporary Campground:			**Health District:**
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:		
Number of sites proposed:	Water Supply: ☐ Public PWS ☐ Private ☐ N/A PWS name:		Type of Sewerage System: ☐ Municipal ☐ Dump Station(s) ☐ Septage Hauler ☐ On-site ☐ N/A ☐ Other:
Fires permitted on campsites? ☐ Yes ☐ No	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:

(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: $

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.

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.