



Campground Ownership Change Application

Instructions:

1. Complete all sections on Page# 1 of this application.
2. Attach a letter from the previous owner, stating the change in ownership and the last date of their operation.

Campground Information

Campground name:

New name of the campground: *(if applicable)*

Address:	City:	State:	Zip:
Phone number:		Email:	

Owner Information

Owner name:

Address:	City:	State:	Zip:
Phone number:		Email:	

Billing Address

Provide ONLY if it is different from Owner Information

Name:			
Address:	City:	State:	Zip:
Phone number:		Email:	

Indicate the changes that will be made to the campground

Please note any changes will require Plan review through the Ohio Department of Health

Change in number of sites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of sewer/wastewater systems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Structural changes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Clermont County Public Health or the Ohio Department of Health may nullify final approval.

New Owner/Project Contact Name	New Owner/Project Contact Signature	Date
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FOR OFFICE USE ONLY		
<input type="checkbox"/> Ownership change with no changes to campground <input type="checkbox"/> Major updates to be made to campground – refer to Ohio Department of Health		
Additional comments:		
Application received date:	Application reviewed by:	Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Needs plan review)
Environmental Health Specialist Signature:	Date:	