

Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground			Health District		
Address of event			<p align="center">Directions: (please print)</p> <ol style="list-style-type: none"> 1. Complete <u>one application</u> 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		Type of Sewerage System Municipal Dump Station(s) Septage Hauler	
Fires permitted on campsites? Yes No		PWS name:		On-site N/A Other:	
			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:

<p><i>Clermont County Treasurer 2275 Bauer Road, Suite 300 Batavia, OH 45103</i></p>	Health District Clermont County Public Health	
	Street address 2275 Bauer Road	
	City Batavia	
	Zip Ohio	Phone # 513-732-7499

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.