

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"> Complete one application for each temporary campground event; Sign and Date the application; Include the required items for review per OAC 3701-26-05(C)(10) License will not be issued until plan review is approved. 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 <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS name:		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:

<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.	