

## Pickaway County General Health District

P.O. Box 613 Circleville, Ohio 43113

(740) 477-9667 ext. 225 • Fax (740) 477-5523

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### Guidelines for Plan Review and Licensing for Temporary Park-Camps

Plans / application for temporary parks-camps shall be submitted to the Pickaway County General Health District at least 15 days prior to opening and include the following:

- A. Plan review application.
- B. Application to License a Temporary Park Camp
- C. Site evaluation form completed by the licenser
- D. Written verification by the fire protection authority indicating
  - a. Park and camp has adequate fire protection
  - b. Method and layout of fire protection
  - c. All applicable fire codes shall be adhered to in the construction and operation of the park and camp.
- E. Name and address of proposed licensee and letter of transmittal requesting review
- F. A vicinity map, including location and legal description of the park or camp and travel instructions for locating.
- G. The area, dimensions, and elevation of tract of land (flood plan check).
- H. Details of water supply, if applicable.
- I. Details of sewage collection and disposal, if applicable
- J. Details of grey water disposal facilities
- K. Location and details of lighting.
- L. The method of storage and disposing of solid wastes.

**\*\*If plans for temporary park-camp have been submitted and approved by the Pickaway County General Health District within the last 2 years and information required to be submitted were not changed since the last time the camp was licensed, then you can request that a plan review be waived by the health district.\*\***

All plan review and license fees must be paid before the event.

Contact the Environmental Health Division at 740-477-9667 Ext 225 if you have any questions.

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## TEMPORARY PARK-CAMP PLAN REVIEW APPLICATION

Temporary Park Camp Name	Start Date:	End Date:
Temporary Park Camp Address		# of proposed camp sites
Type of camping units (Rv's with holding tanks, Rv's without holding tanks, tents, campers, etc.)		

Property owners name	Property owner phone number	
Property owners address	City	Zip code

Applicant / Operator Name	Phone Number	
Applicant / Operator address	City	Zip code

I hereby certify that I am the intended operator or authorized representative of this temporary park-camp

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Date plans received	Fee: \$52.00	Paid on:	Plans approved or disapproved	Sanitarian:
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Planning · Developing  
 Educating · Implementing

# Application for License To Operate a Temporary Park-Camp

		License valid	From:
			To:
<b>Camp Name</b>		<b>Health District</b>	
Street Address		<p align="center"><b>Directions: (please print)</b></p> <p>1. Complete <u>one application</u> for each licensed establishment;</p> <p>2. Sign and Date the application</p> <p>3. Attach a check or money order and return according to the information listed below.</p>	
City/Zip			
Phone #	Phone #		
<b>Owner/ Licensee</b>			
Street Address			
City/ State /Zip			
Phone #	Phone #		
# of camp sites per approved plans	Water Supply : [ ] Community [ ] Other:		

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

Name	Phone #
Address	
City/Zip	

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	Phone #	Date
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<p align="center"><i>( Licensor to complete: either pre-printed, or with a label or stamp)</i></p>	<b>Check or money order for the license fee, payable to:</b>		<b>Return the fee and application to:</b>	
			Health District	
			Street address	
			City	
		Zip	Phone #	

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

<b>License fee</b>	<b>Total amount due</b>
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**Application approved for license as required by Section 3729 of the Ohio Revised Code.**

By	Date
Audit No.	License No.