

SPECIAL EVENT CAMPGROUND APPLICATION

This application must be submitted to the Department at least 7 days prior to the event
 (Reference Chapter HFS 178.16, Wisconsin Administrative Code)

COMPLETE ALL SECTIONS (Sections not applicable indicate with "N/A")

1. Name of the Event: _____
2. Address of the Event: _____
3. Date and Duration of the Event: (Please also list times) _____
4. Name of Legal Licensee and Personal Contact: _____
5. Mailing Address of the Legal Licensee: _____
6. Name and Phone Number of Organizer of the Event: _____
7. Estimated Number of People Attending the Event: _____
8. Area of Land for the Intended Use of the Campground: _____

Assuming a maximum of 50 sites per acre: Acres x 50 = # of sites; # of sites x 6 = # of people

Total Number of Sites: _____ Number of Sites: Dependent _____ Independent _____

WATER SUPPLY: (check the one that applies)

Municipal Name of Village/City/Town _____

Private Well (Please submit **bacteria** and **nitrate** analysis performed on well with this application.)

Address: _____ (Street) _____ (City) _____ (Zip Code)

WASTEWATER: Number of toilets to be provided: (see table below)

Required water closets males	Required water closets females	Required lavatories
1 per 125	1 per 60	1 per 200

Please complete table below

Portable toilets	# of males	# of females	# of portable hand wash sinks
Flush toilets	# of males	# of females	# of hand wash sinks

Please complete the reverse side of this page.

PLAN REQUIREMENTS

Chapter HFS 178.04 Plan Approval. The operator shall submit plans and specifications for a new or expanded campground to the Department for examination and approval before beginning construction or modification. No change in plans or specifications that involves any provision of this chapter may be made unless the change is approved and dated by the Department.

NOTE: Operators should consult with the Department of Commerce as well as local building and zoning authorities before commencing.

PLAN DRAWN TO SCALE: _____ Indicate scale on plan

PLAN SUBMITTAL CHECKLIST: The plan is to include the following features. Check off the features included on the plan. Any features not applicable indicate with "N/A". **Do not leave blank.**

<p>_____ Campsites (Independent and Dependent)</p> <p>_____ Toilets</p> <p>_____ Shower facilities (if applicable)</p> <p>_____ Designated parking areas</p>	<p>_____ Site setbacks from street</p> <p>_____ Water outlets</p> <p>_____ Garbage/refuse containers</p> <p>_____ Permanent buildings (if applicable)</p>
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FEES: (Fees must be received before the beginning of event(s))

\$165.00	\$237.00	\$292.00	\$341.00	\$391.00
1-25 sites	26-50 sites	51-100 sites	100-199 sites	Over 200 sites
No. of sites _____	No. of sites _____	No. of sites _____	No. of sites _____	No. of sites _____

I certify that I am familiar with Chapter HFS 178, Campgrounds, Wisconsin Administrative Code and the above-described establishment will be operated and maintained in accordance with all applicable regulations.

Contact local zoning office for local permits and requirements.

SIGNATURE REQUIREMENTS: The owner is required to sign the application.

Applicant's Printed Name: _____

Signature: _____ Date: _____

SUBMIT PLANS TO: **Taylor County Health Department**
224 S Second Street - Courthouse
Medford, WI 54451