

# Campground Plan Approval Application

(Reference Chapter DHS 178)

**Complete all sections, sections "not applicable" indicate with "NA"**

Owner(s) Name(s)		Phone # (include area code)		Former Owner/Campground Name		
Address			City		State	Zip Code
Campground Name	Address		City		State	Zip Code
Phone Number (include area code)				Permit I.D.#		
<b>Check appropriate Box:</b> <input type="checkbox"/> New Campground <input type="checkbox"/> Modification/Additions to existing Licensed Campground Describe Modification/Additions: _____						
<b>Water Supply:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well			<b>Sewage:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private (Septic)			
<b>CAMPSITES:</b>			Existing (currently licensed)		New (new or additions)	
Total Number of Campsites			_____		_____	
Total Sites with Sewer & Water Connections			_____		_____	
Total Sites with only Water Connections			_____		_____	
Total Sites with only Sewer Connections			_____		_____	
Total Sites with no Water or Sewer Connections			_____		_____	
Total Sites Designated for Independent Camping Units Only (see definition below)			_____		_____	
Total Sites Designated for Dependent Camping Units Only (see definition below)			_____		_____	
"Independent camping unit" means a camping unit which contains, at a minimum, a water storage facility and a toilet facility which discharges to a liquid waste holding tank that is an integral part of the unit or to a sewage disposal system.  "Dependent camping unit" means a camping unit without a toilet and which therefore depends on campground toilets.						
<b>TOILET FACILITIES:</b>	Flush Stools	Vault Stools	Flush Urinals	Vault Urinals	Lavatories	Showers
Designated for Females	_____	_____	_____	_____	_____	_____
Designated for Males	_____	_____	_____	_____	_____	_____
<b>SANITARY DUMPING STATION:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, contact the Department of Commerce at (608) 266-1018 for regulations & requirements.						

**Complete the reverse side**

**PLAN REQUIREMENTS:**

Ch. DHS 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 which involves any provision of this chapter may be made unless the change is approved and dated by the department.

**Note: Prior to commencing construction or modification operators should consult with the Department of Commerce and local building and zoning authorities for regulations and requirements on the Americans with Disabilities Act, Electrical Codes, Floodplain Evacuation Plans, solid waste issues and traffic flow.**

<b>Plan Drawn to Scale: Indicate scale on plan</b>						
<b>Plan Submittal Check List:</b> (The plan is to include the following features. Check all features included on the plan. Any feature "not applicable" indicate with "NA", do not leave blank.)						
<p>_____ Designated Campsites</p> <p>_____ Distance between sites</p> <p>_____ Site setbacks from streets</p> <p>_____ Street dimensions</p> <p>_____ Designated parking areas</p> <p>_____ Highways</p> <p>_____ Permanent building/structures</p> <p>_____ Well</p> <p>_____ Potable water piping</p> <p>_____ Water outlets w/ backflow prevention devices</p>	<p>_____ Sewage disposal field</p> <p>_____ Sewage system piping</p> <p>_____ Toilet Facilities</p> <p>_____ Shower Facilities</p> <p>_____ Sanitary Dumping Station</p> <p>_____ Garbage/Refuse containers</p> <p>_____ Fire Extinguisher</p> <p>_____ Surface Water</p> <p>_____ Slope and runoff areas</p> <p>_____ Scale indicated on plan</p>					
<p><b>Additional Submittal Requirements: The following documentation is required to be submitted along with the plan and application. Mark boxes indicating information is included.</b></p> <p><input type="checkbox"/> Documented proof of Department of Commerce approval for water distribution and sewage systems</p> <p><input type="checkbox"/> A copy of the last laboratory result for potable water supply (sampled for bacteria and nitrates)</p> <p><input type="checkbox"/> Name and address of Wisconsin Registered well driller and pump installer (provide below)</p>						
<p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Name of Well Driller/Pump Installer</td> <td style="width: 30%; border: none;">Address</td> <td style="width: 10%; border: none;">City</td> <td style="width: 10%; border: none;">State</td> <td style="width: 10%; border: none;">Zip</td> </tr> </table>		Name of Well Driller/Pump Installer	Address	City	State	Zip
Name of Well Driller/Pump Installer	Address	City	State	Zip		
<p><b>Submit 3 (Three) copies of the plan (in triplicate)</b>    <input type="checkbox"/> 3 copies submitted</p>						
<p><b>Signature requirements: The owner as indicated on reverse side is required to sign the application</b></p>						
<p>_____</p> <p><b>Signature of owner</b></p>	<p>____/____/____</p> <p><b>Date</b></p>					
<p><b>Submit plans to:</b></p>	<p>Pierce County Public Health Department          412 W Kinne St.          PO Box 238          Ellsworth WI 54011          (715) 273-6755</p>					