

CAMPGROUND PLAN APPROVAL APPLICATION

Complete all sections. Sections not applicable indicated with "N/A". **Type or Print Only.**

Application is for: New Campground Modification / Additions to Licensed Campground (Describe Modification / Additions Briefly)

Campground Name		County
Campground Street Address, City, State and Zip Code		Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		Email Address
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)		Intended Date of Opening for Business
Name of Former Business	Name of Former Operator	ID No.

Please check all boxes that apply, and enter the number of systems that are existing or will be new:

WATER SUPPLY	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well(s), number K	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well(s), number K
WASTEWATER SYSTEM	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS*, number K	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS*, number K
SANITARY DUMP STATION	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS*, number K	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS*, number K

See HFS 178, Wisconsin Administrative Code, for petition for waiver requirements for Sanitary Dump Station

*Private Onsite Wastewater Treatment System

LIST TYPES OF CAMPING UNITS INTENDED FOR CAMPSITES (Tents, RVs, etc.):

(Example: RVs only)

Sites and Provisions* (*All sites not <u>designated</u> will be used to calculate toilet fixture needs)	Example	Existing (Currently licensed) TOTAL & SITE NUMBERS	New New site(s) TOTAL & SITE NUMBERS
CAMPSITE INFORMATION			
List types of camping units for campsites (tents, RVs, etc.) by site numbers. (Provide range where appropriate.)	Tents: 1-10, 21-29 RV's: 30-40 11-20		
(a) Total number of campsites	40		
Total sites and site numbers with water and sewer connections	11/30-40		
Total sites and site numbers with water connection only	9/21-29		
Total sites and site numbers with sewer connection only	10/11-20		
Total sites and site numbers without sewer or water	10/1-10		
(b) Identify by site numbers the total sites <u>designated</u> for independent camping units (see definition below) (Identify by "I" on Plan Drawing)	21/30-40, 11-20		
(c) Identify by site numbers the total sites <u>designated</u> for dependent camping units (see definition below) (Identify by "D" on Plan Drawing)	19/1-10, 21-29		
(d) Identify by site numbers the total number of sites designated for use by both "I" and "D" camping units. (Identify by "B" on Plan Drawing)			
TOILET FACILITIES (Number of units)	Site No. used: (a)-(b)	Existing	New
Female			
Flush toilets	2		
Privies (vault or pit)	1		
Showers	2		
Hand sinks	2		
Male			
Flush toilets	1		
Flush urinals	1		
Vault urinals	0		
Privies (vault or pit)	1		
Showers	2		
Hand sinks	2		

"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.

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 must consult with the Department of Safety and Professional Services (DSPS) -Safety and Buildings Division as well as local building and zoning authorities before commencing construction or modification.

PLAN DRAWN TO SCALE: Indicate scale (25 feet) on plan or provide dimensional plan indicating code-required distances in linear feet.

PLAN SUBMITTAL CHECKLIST: Identify the following features on the plan. Submit identifying key if necessary. If feature(s) are included on plan check included on the plan. Any features not applicable to your plan indicate by checking the "N/A." box. **Do not leave blank.**

Included on Plan	N/A	Included on Plan	N/A	Included on Plan	N/A
<input type="checkbox"/> Layout of & designated campsites* -number and label independent, dependent or both.	<input type="checkbox"/>	<input type="checkbox"/> Sewage Disposal System Locations- (drain- field and holding tanks)*	<input type="checkbox"/>	<input type="checkbox"/> Petting Zoo / Animal Area / Manure deposition**	<input type="checkbox"/>
<input type="checkbox"/> Camping Cabins / Yurts / Tepees**	<input type="checkbox"/>	<input type="checkbox"/> Central Garbage Collection Site**	<input type="checkbox"/>	<input type="checkbox"/> The Drawing's Scale (25 feet)*	<input type="checkbox"/>
<input type="checkbox"/> Park Models**	<input type="checkbox"/>	<input type="checkbox"/> Garbage / Refuse Containers*	<input type="checkbox"/>	<input type="checkbox"/> Number of acres used for campsites	<input type="checkbox"/>
<input type="checkbox"/> Mobile Homes**	<input type="checkbox"/>	<input type="checkbox"/> Garbage / Refuse Incineration Location	<input type="checkbox"/>	<input type="checkbox"/> Distance Between Campsites*	<input type="checkbox"/>
<input type="checkbox"/> Rentals to Public : RV's, Cottages	<input type="checkbox"/>	<input type="checkbox"/> Fire Extinguishers*	<input type="checkbox"/>	<input type="checkbox"/> Potable Water Piping & Hydrants**	<input type="checkbox"/>
<input type="checkbox"/> Permanent Buildings or Structures**	<input type="checkbox"/>	<input type="checkbox"/> Pools / Whirlpools / Lake / River / Beach / Swim ponds**	<input type="checkbox"/>	<input type="checkbox"/> Site Setback Distances From Street*	<input type="checkbox"/>
<input type="checkbox"/> Potable Well(s)* and Designated Potable Water Outlets*	<input type="checkbox"/>	<input type="checkbox"/> Water Slides**	<input type="checkbox"/>	<input type="checkbox"/> Storage of Wastewater Hauling Equipment**	<input type="checkbox"/>
<input type="checkbox"/> Toilets / Privies*	<input type="checkbox"/>	<input type="checkbox"/> On-Site Food Service / Retail Food Store**	<input type="checkbox"/>	<input type="checkbox"/> RV Transfer Containers Installation for Specific Site(s)*	<input type="checkbox"/>
<input type="checkbox"/> Portable Toilets	<input type="checkbox"/>	<input type="checkbox"/> Activities Area(s)**	<input type="checkbox"/>	<input type="checkbox"/> Streets / Roadways / Highways*	<input type="checkbox"/>
<input type="checkbox"/> Shower/Toilet Buildings	<input type="checkbox"/>	<input type="checkbox"/> Office Building**	<input type="checkbox"/>		
<input type="checkbox"/> Sanitary Dump Station(s)(SDS)**	<input type="checkbox"/>	<input type="checkbox"/> Designated Parking Areas**	<input type="checkbox"/>		

*REQUIRED **PROVIDE IF EXISTING OR PLANNED

ADDITIONAL SUBMITTAL REQUIREMENTS: Submittal to, review and approval by the **Wisconsin Department of Safety and Professional Services, Safety and Buildings Division**, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Wisconsin Division of Public Health requires proof of approval for these systems/construction in campgrounds. Submit copies of all DSPS approval letters with the plan and this application. Check off indicating the documentation is included. Indicate N/A if not applicable.

- Department of Safety and Professional Services-Safety and Buildings Division **PLAN APPROVAL LETTERS** for:
- a) Water Distribution System b) Plumbing c) Wastewater Treatment Systems d) Wastewater Transfer Containers e) Toilet/Shower House Construction

Note: A Wisconsin licensed plumber must complete all plumbing.

Letter from the County Zoning Administrator indicating approval for the campground site, septic, land use and privies.

A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates).

Wisconsin registered well driller and pump installer Name, address, and telephone number

Name _____ Address _____ Telephone Number () _____

SUBMIT 2 COPIES OF THE PLAN SUBMITTAL REQUIREMENTS INCLUDING THIS APPLICATION, THE PLAN AND ALL APPROVAL LETTERS

2 copies submitted (check off). Keep copies of all documentation sent to the Division of Public Health (DPH)

The owner is required to sign this application.

SIGNATURE – Applicant

Date Signed

SUBMIT THIS APPLICATION AND COPIES OF ALL PLANS AND SUPPORTING DOCUMENTS TO:

Food Safety and Recreational Licensing Program
 1 West Wilson Street, Room 150
 P.O. Box 2659
 Madison, Wisconsin 53701-2659

DHS Office Use Only

SIGNATURE – Official: _____

Date Approved: _____