

**VILAS COUNTY PUBLIC HEALTH DEPARTMENT**

Mailing Address: 330 Court Street  
 Eagle River, WI 54521  
 Physical Address: 302 W Pine Street  
 Eagle River, WI 54521



(Rev. 08/14)

**SPECIAL EVENT CAMPGROUND APPLICATION**

Completion of this form is voluntary. This application must be submitted to the Department at least 7 days prior to the event. Send the completed application and fee, check or money order, payable to the Department of Health Services. Incomplete information may delay processing your application. **Type or Print Only**

Name of Event		County
Event Street Address, City, State and Zip Code		
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ( )
Date and Duration of the Event	Total Number of Campsites	
Estimated number of campers (Number of campsites x 6)	Area of land for the intended use of the campground (assuming a maximum of 50 campsites per acre)	

**WATER SUPPLY**

<input type="checkbox"/> Municipal	Name of Village/City/Town
<input type="checkbox"/> Private well	Street Address, City, State and Zip Code
Please submit bacteria and nitrate analysis performed on well with this application.	

**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 65	1 per 200

  

Portable toilets	Number of males	Number of females	Number of lavatories
Flush toilets	Number of males	Number of females	Number of hand wash sinks

**Check appropriate category**

- \$175.00      1 - 25 sites
- \$250.00      26 - 50 sites
- \$305.00      51-100 sites
- \$355.00      101-199 sites
- \$410.00      Over 200 sites

Submit plans and check to the following address:

Vilas County Public Health Department  
 Mailing address: 330 Court Street  
 Eagle River, WI 54521  
 Physical address: 302 W Pine Street  
 Eagle River, WI 54521

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s).

<b>SIGNATURE</b> – Applicant	Date Signed
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## 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.

<input type="checkbox"/> Campsites	<input type="checkbox"/> Site setbacks from street
<input type="checkbox"/> Toilets and urinals	<input type="checkbox"/> Water outlets and cross connection controls
<input type="checkbox"/> Handwashing facilities	<input type="checkbox"/> Wastewater collection methods and approved disposal means and location
<input type="checkbox"/> Shower facilities (if applicable)	<input type="checkbox"/> Garbage/refuse containers
<input type="checkbox"/> Designated parking areas	<input type="checkbox"/> Permanent buildings (if applicable)
<input type="checkbox"/> Power: check one	<input type="checkbox"/> Free bottled water provided
<input type="checkbox"/> Electricity provided	
<input type="checkbox"/> Gas generators	