

**Ohio Department of Health  
APPLICATION FOR PLAN REVIEW**

ODH File No. Temporary

Action governed by Ohio Revised Code Chapter 3733.

TYPE OF PROJECT*	
<input type="checkbox"/>	Recreation Camp (RC)
<input type="checkbox"/>	Recreational Vehicle Park (RVP)
<input type="checkbox"/>	Combined Park Camp (CPC)

COUNTY		LOCAL HEALTH DISTRICT	
FACILITY NAME		DESIGNER	
STREET ADDRESS		STREET ADDRESS	
CITY, ZIP CODE		CITY, ZIP CODE	
FACILITY PHONE NO.	FACILITY EMAIL	DESIGNER PHONE NO.	DESIGNER EMAIL
OWNER		CONTRACTOR	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OWNER PHONE NO.	OWNER EMAIL	CONTRACTOR PHONE NO.	CONTRACTOR EMAIL

SITES	# of sites
Number of proposed sites	
Number of existing / fully developed sites	
Total number of sites	0

TYPE OF DEVELOPMENT (choose one)	Plan Review Fee
<input type="radio"/> <b>Substantial Alteration limited in scope:</b> (Includes one inspection) Any alteration to the campground that does not result in the movement or addition of any permanently placed facility, gray water recycling system, roadway, dump station, water connection or sewerage system.	<del>\$842.00</del>
<input type="radio"/> <b>Substantial Alteration not limited in scope:</b> (Includes one inspection) Some examples include expansion of campgrounds, movement of sites and adding or replacing gray water facilities.	<del>\$1,546.00</del>
<input type="radio"/> <b>New or Existing Unlicensed Campgrounds:</b> (Includes one inspection) New campgrounds are those that are being newly constructed. Existing Unlicensed campgrounds are those that are in operation but have never been licensed or had a license that has been expired for more than 12 months.	<del>\$1,898.00</del>

NOTE - Review will not proceed and approval will not be granted without complete submission of all information. Any additional inspections that are not included will be charged \$414 each.

**Individual to be contacted for questions regarding this proposal (please print).**

Name	Phone number	Fax number
		E-mail

I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed.

Owner	Date
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Must be signed by owner or owner's agent must provide written authorization from owner.  
The owner hereby agrees to construct the project in accordance with the approved plans and data sheets.

Please make check payable to: ~~TREASURER, STATE OF OHIO.~~

~~Mailing address:~~  
Ohio Department of Health  
Revenue Processing Unit  
P.O. Box 15278  
Columbus, OH 43215

~~Walk-in address:~~  
Ohio Department of Health  
Revenue Processing Unit, 1<sup>st</sup> floor  
246 N. High Street  
Columbus, OH 43215

~~Engineering Phone No. 614-644-7527  
Fax No. 614-466-4556~~

\* Temporary Campground plan review is the responsibility of the local health district having jurisdiction.

Each plan review package submittal shall include the following prior to the start of the plan review per OAC 3701-26-05(C):

1. Signed Application for Plan Review Form HEA 5213;
2. Site Evaluation Report, ODH HEA 5228 completed and signed by the licensor (local health district);
3. Written verification from the local flood plain management official that development will be according to the local flood plain management plan and any permits;
4. Signed set of plans or letter from local fire authority indicating they have reviewed the plans for fire protection and compliance to applicable codes; and
5. **Four sets of drawings \*\* (one if submitted electronically) to include:**
  - a. A vicinity map showing general location of project;
  - b. Plot plan of total area and development phase;
  - c. Plot plan showing location, number and size of sites;
  - d. Spot elevations of contour lines;
  - e. Internal street system;
  - f. Method and layout of electrical distribution system including individual service connections;
  - g. Detail of water and sewer hookup at individual sites;
  - h. Typical site, to scale, showing utility locations;
  - i. Location and number of toilets and a layout of any restroom facilities;
  - j. Location, number, and details of grey water waste drains;
  - k. Location, number, and details of dump station;
  - l. Method of backflow prevention for potable water supply;
  - m. The layout, profile, and design of the sanitary sewerage system and water distribution system shall be included in the above submitted plans. Where the sanitary sewerage system or water distribution system is not subject to Ohio Environmental Protection Agency approval, said systems shall be subject to the approval of the Director of Health.

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**\*Temporary Campground** - plan review applications are to be submitted to the local health district having jurisdiction and require two sets of plans for review by the licensor.

**\*\* Reproductions from other documents** are acceptable if legible. Drawings should be scale.

**Note** - the applicant assumes responsibility for contacting the U.S. Army Corps of Engineers for permits regarding development on or near wetlands, or other permits that may apply.

SIDNEY-SHELBY COUNTY  
HEALTH DEPT.  
202 WEST POPLAR  
SIDNEY, OHIO 45365

937-498-7249

# Application for License To Operate a Temporary Campground

License valid	From:
	To:

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

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

Name	Phone # / E-mail
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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**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

<b>Sidney-Shelby County Health Department</b>  As of 05/01/2017, 50 or fewer sites: \$125 per license More than 50 sites: \$125 plus \$0.50 per site over 50 Not to exceed 7 consecutive days nor \$375 per license	Health District	<b>Sidney-Shelby Co. Health Dept.</b> <b>202 West Poplar Street</b> <b>Sidney, OH 45365</b>
	Street address	
	City	
	Zip	Phone # 937-498-7349

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

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

By	Date
Audit No.	License No.