WINNEBAGO COUNTY

ENVIRONMENTAL HEALTH FOOD SAFETY AND RECREATIONAL LICENSING PROGRAM

97.30, 254.61, Wis. Stats
WI ADMIN CODE HFS 178
WINNEBAGO COUNTY ORDINANCE 11.11

2014/2015 SPECIAL EVENT CAMPGROUND APPLICATION

Before completing this application, read Temporary Campground Guidelines.
Have you read this material? ☐ Yes ☐ No

Operators Name **Operators Address** **City** **State** **Zip Code**

Name of Campground **Name of Event** **Dates of Event**

Campground Location

Contact(s) **Phone Number** **Email**

Number of Campsites:

1) **Assuming a maximum of 40 sites per acre: Acres x 40 = # of sites; # of sites x 6 = # of people, please answer the following:**

A) Number of sites designated for Dependent (campers without toilets) _____
Number of sites designated for Independent (campers with toilets) _____
Total number of sites: _____

B) Estimated number of male campers _____
Estimated number of female campers _____
Total number of people camping: _____

2) **Restroom Facilities that will be provided:** (please refer to the below requirements to complete the chart)

Toilets	**Male**	**Female**
# portable toilets		
# flush toilets		
Handwash sinks	**Male**	**Female**
# portable handwash sinks		
# plumbed handwash sinks		

Toilet Requirements
as required in HFS 178.16(3) Campground Code
1 toilet per 125 males
1 toilet per 65 females

Sink requirements
as required in Wisconsin Enrolled Commercial Building Code Chapter 29, Chart 2902.1
1 hand wash sink per 200 people

3) **Licensed disposer servicing the portable toilets or independent units:**

Name:_____ Phone Number:_____
Address:_____

(over)

4) Potable Water Source: Municipal ☐ Private Well: ☐

Water Source Address:_____

Bacteria Analysis must be performed on well water, provide written results with this application. (if not available to send with the application have available at the time of inspection)
Water Distribution Method:_____

5) Solid Waste/Garbage Removal Service:

Name:_____Phone Number:_____
Address:_____

6) Fees:

Based on SITES check the appropriate box and pay the applicable fee.

☐ 1-25 sites (RT1) $173.00	☐ 26-50 sites (RT2) $233.00	☐ 51-100 sites (RT3) $290.00	☐101–199 sites (RT4) $347.00	☐ 200-499 (RT5) $404.00	☐ 500+ (RT6) $500.00

Make Check Payable To:	**Submit To:**
Winnebago County Health Department	Winnebago County Health Department 112 Otter Ave | PO Box 2808 Oshkosh, WI 54903-2808

7) PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED CAMPGROUND:
Attach a diagram of the campsite. Show the total area designated for campsites (Square feet or acres), and use the following symbols for their scaled locations:

X-Water Well(s) **T**-Toilet Facilities **D**-Dependent Units **W**-Water Supply Outlets **O**-Solid Waste Containers **I**-Independent Units

Pursuant to Section 11.13 of the General Code of Winnebago County and Section 66.124 Stats. and Wisconsin Administrative Code, Chapter HFS 173.04 and 174.11, you may appeal any written orders of the Winnebago County Health Officer and all decisions of the Health Department relative to its permit-issuing authority pursuant to Sections 11.11 and 11.12 of the General Code of Winnebago County, except in those cases where the Appellant has a right to a state administrative appear hearing.

I certify that I am familiar with the special event campground requirements, WI Adm. Code Chapter HFS 178 Campgrounds and the described establishment will be operated and maintained in accordance with all applicable regulations.

_____
Applicant's Printed Name **Applicant's Signature** **Date**

_____
Applicants Drivers License #

FOR OFFICE USE ONLY

Amount Paid:_____ Date_____

Permit Issued:_____