



97.30, 254.61, Wis. Stats; WI ADMIN CODE ATCP 79; WINNEBAGO COUNTY ORDINANCE 11.11

## 2023/2024 APPLICATION FOR SPECIAL EVENT CAMPGROUND

Before completing this application, read **ATCP 79 Campgrounds**.

Completed applications should be received (with all applicable fees) by the Winnebago County Health Department at least 2 weeks before the event. Late fees may apply if not received two weeks prior to event. Please print neatly.

Name of Event:			Legal Licensee Name of Operator:		
Event Address Street:			Licensee Address:		
City:	State:	Zip:	City:	State:	Zip:
Date and Duration of Event:			Phone:		
			Email:		
Onsite Contact Name:			Onsite Phone Number:		

**1) Number of Campsites = 54 sites/acre. Campsites must measure 800 sq. ft. minimum (20X40)**

# Acres x 54 = # of sites      # of sites x 6 = # of people camping      Please answer the following:

- A) Area of land for the intended use of the campground: \_\_\_\_\_
- B) Total number of campsites: \_\_\_\_\_
- C) Estimated number of people camping: \_\_\_\_\_

**2) Wastewater: Number of toilets to be provided:**

	Portable Toilets	Flush Toilets
Number of Male (1 per 125 required)		
Number of Female (1 per 65 required)		
Number of Handwash sink/Lavatories (1 per 200 required)		

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**3) Potable Water Source: (must be within 400 feet of campsites) Private Well  or Municipal**

Water Source Address: \_\_\_\_\_

**Bacteria Analysis must be performed on well water, provide written results with this application.**

Water Distribution Method: \_\_\_\_\_

**4) Solid Waste/Garbage Removal Service:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**5) Fees: Based on number of sites. Check the appropriate box and pay the applicable fee.**

CHECK ONE	SPECIAL EVENT CAMPGROUND SITES	FEE
	1-25 sites (RT1)	\$215.00
	26-50 Sites (RT2)	\$289.00
	51-99 Sites (RT3)	\$359.00
	100-199 Sites (RT4)	\$430.00
	200-499 Sites (RT 5)	\$501.00
	500+ Sites (RT 6)	\$622.00

**6). PROVIDE A SITE DRAWING OF YOUR INTENDED SPECIAL EVENT CAMPGROUND:**

Attach a diagram of the campsite. Show the total area designated for campsites (ft<sup>2</sup> or acres) and check off the features included in the plan.

<input type="checkbox"/>	Campsites (new sites - minimum 800 sq. ft.)	<input type="checkbox"/>	Handwashing/Hand Sanitizing Facilities
<input type="checkbox"/>	Waste Water Disposal Areas	<input type="checkbox"/>	Garbage/Refuse Containers
<input type="checkbox"/>	Toilets/Urinals/Porta Potties	<input type="checkbox"/>	Permanent Buildings
<input type="checkbox"/>	Showers (if provided)	<input type="checkbox"/>	Parking Areas
<input type="checkbox"/>	<u>Power - Circle one</u> Electric hook up    Gas generator	<input type="checkbox"/>	Water Outlet locations Water Locations- Free Bottled or Bulk

**Make Check Payable To: Winnebago County Health Department**

**Submit To:**

Winnebago County Health Department  
112 Otter Ave, PO Box 2808  
Oshkosh, WI 54903-2808

[www.winnebagoountywi.gov](http://www.winnebagoountywi.gov)

[health@winnebagoountywi.gov](mailto:health@winnebagoountywi.gov)

Phone: 920-232-3000 Fax: 920-232-3370

Pursuant to the General Code of Winnebago County and Wisconsin Administrative Code, 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, except in those cases where the Appellant has a right to a state administrative appeal hearing.

**I certify that I am familiar with the Campground/Special Event Campground Requirements – as required in Chapter ATCP 79 of the Wisconsin State Statutes, the described establishment will be operated and maintained in accordance with applicable regulations.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

***For Office Use Only***

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Issued: \_\_\_\_\_