



SHEBOYGAN COUNTY DIVISION OF PUBLIC HEALTH CAMPGROUND PLAN APPROVAL APPLICATION



Complete all sections. For sections not applicable, indicate with "N/A". **Type or Print Only.**

Application is for: ☐ New ☐ Modification / Additions (briefly describe): _____
Campground

CAMPGROUND NAME	COUNTY	PHONE: () -
CAMPGROUND ADDRESS STREET	CITY	STATE ZIP
LEGAL LICENSEE NAME (Name of sole proprietor, partnership, LLC, LLP, or Inc.)	EMAIL ADDRESS	PHONE: () -
LICENSEE ADDRESS STREET	CITY	STATE ZIP
NAME OF AGENT FOR THE CORPORATION / OPERATOR (if applicable)		INTENDED DATE OF OPENING FOR BUSINESS
PREVIOUS BUSINESS NAME	PREVIOUS OPERATOR NAME	

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

ATCP 79, 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.) and toilet numbers:

CAMPSITE INFORMATION Sites and Provisions* (All sites not designated will be used to calculate toilet fixture needs)	Example	Existing (Currently licensed) TOTAL & SITES NUMBERS	New New site(s) TOTAL & SITES NUMBERS
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		
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		
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		
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		
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		
<p>“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.</p> <p>“Dependent camping unit” means a camping unit without a toilet and which therefore depends on campground toilets.</p>			

PLAN REQUIREMENTS

Section ATCP 79.04 Plan Approval. (a) An operator shall obtain plan approval from the department or its agent before any one of the following occurs: 1. The operator begins construction of a campground. 2. The operator modifies or increases the number or type of any campground attribute that was subject to a previous plan review by the department or its agent. (b) An operator – provided camping unit that meets § ATCP 79.13 (3) or that has been approved by the department or its agent under sub. (2) and § ATCP 79.13 (3), may be placed or relocated on any approved campsite.

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

PLAN DRAWN TO SCALE: Indicate scale 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 the "Yes" box below. Any features not applicable to your plan, check the "N/A" box. DO NOT LEAVE BLANK.		
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Layout of & designated campsites - number and label independent, dependent or both.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Shower/Toilet Buildings
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Camping Cabins / Yurts / Tepees	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Sanitary Dump Station(s)
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Park Models	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Sewage Disposal System Locations - (drain- field and holding tanks)
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Central Garbage Collection Site
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Rentals to Public : RV's, Cottages	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Garbage / Refuse Containers
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Permanent Buildings or Structures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Garbage / Refuse Incineration Location
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Potable Well(s) and Designated Potable Water Outlets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Extinguishers
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Toilets / Privies	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Pools / Whirlpools / Lake / River / Beach / Swim ponds
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Portable Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Water Slides
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A On-Site Food Service / Retail Food Store
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Activities Area(s)
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Office Building
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Designated Parking Areas
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Petting Zoo / Animal Area / Manure deposition
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Drawing Scale (25 feet) or Dimensions
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Number of acres used for campsites
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Streets / Roadways / Highways
		<input type="checkbox"/> Yes <input type="checkbox"/> N/A Playground Equipment

ADDITIONAL SUBMITTAL REQUIREMENTS: Submittal to, review and approval by the **Wisconsin Department of Safety and Professional Services**, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Wisconsin Department of Agriculture, Trade and Consumer Protection 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

Note: A Wisconsin licensed plumber must complete all plumbing.

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

SIGNATURE

APPLICANT SIGNATURE – REQUIRED

DATE

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

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

**Sheboygan County Division of Public Health
Environmental Health
1011 North 8th Street
Sheboygan, WI 53081**

Office Use Only

SIGNATURE – Official: _____ Date Approved: _____