

BAYFIELD COUNTY HEALTH DEPARTMENT SPECIAL EVENT CAMPGROUND APPLICATION

This application must be submitted to the Department at least 7 days prior to the event
(Reference Chapter HFS 178.16, Wisconsin Administrative Code)

COMPLETE ALL SECTIONS (Sections not applicable indicate with "N/A")

Owner(s) Name(s) _____ Address of the event (Street, City, Zip Code) _____ Telephone Number _____

Date and duration of the event _____

Mailing Address (Street, City, Zip Code) _____

County where event is to be held _____

Estimated number of campers (# of campsites x 6) _____

Area of land for the intended use of the campground (assuming a maximum of 50 campsites per acre) _____

Total number of campsites: _____

WATER SUPPLY: Municipal Name of Village/City/Town _____

Private well

Address: _____
(Street) (City) (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

Please complete table below

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

Please complete the reverse side of this page.

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.**

_____	Campsites	_____	Site setbacks from street
_____	Toilets	_____	Water outlets
_____	Shower facilities (if applicable)	_____	Garbage/refuse containers
_____	Designated parking areas	_____	Permanent buildings (if applicable)

I certify that I am familiar with Chapter HFS 178, Campgrounds, Wisconsin Administrative Code and the above-described establishment will be operated and maintained in accordance with all applicable regulations.

Contact local zoning office for local permits and requirements.

SIGNATURE REQUIREMENTS: The owner is required to sign the application.

Applicant's Printed Name: _____

Signature: _____ Date: _____

SUBMIT PLANS TO:

**BAYFIELD COUNTY HEALTH DEPARTMENT
P.O. BOX 403
WASHBURN, WI 54891
715-373-6109**