**Application for Campground Plan Review ODH File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Action governed by Ohio Revised Code Chapter 3729.** This application is required to be submitted with plans and the associated fees in accordance with Chapter 3729.03 of the Ohio Revised Code and rule 3701-26-05 (C) of the Ohio Administrative Code prior to beginning work.

\_\_\_\_\_\_\_\_TYPE OF PROJECT\_\_\_\_\_\_\_\_

Recreation Camp (RC)

Recreational Vehicle Park (RVP)

Combined Park Camp (CPC)

|  |  |
| --- | --- |
| County | Local Health District |
| Facility Name | Designer |
| Street Address | Street Address |
| City, Zip Code | City, Zip Code |
| Facility Phone Facility Email | Designer Phone Designer Email |
| **Owner** | **Contractor** |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Owner Phone Owner Email | Contractor Phone Contractor Email |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Sites** | **Number of Existing /pre-approved sites** | **Number of sites proposed** | **Total # of sites pending ODH approval** |
| **Sewerage System**  **(Check all that apply)** | **OEPA approved**  **Local Health Approved** | **Dump Station(s)**  **Septage Hauler** | **Other** |
| **Water Supply (Public or Private)** | **A. Public water supply (PWS) Approved by CEPA** | **Municiple  Other**  Well | PWS name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Check here if water not provided** | B. Private Water Supply (Approved by local Health Dept | Well  Cistern | Other |

|  |  |
| --- | --- |
| **TYPE OF DEVELOPMENT** (Choose One) | Plan Review Fee |
| **Substantial Alteration limited in scope:** (Includes on 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. | $842.00 |
| **Substantial Alteration not limited in scope:** (Includes one inspection)  Some examples include expansion of campgrounds, movement of sites and adding or replacing  gray water facilities. | $1,546.00 |
| **New or Existing Unlicensed Campgrounds: (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. | $1,898.00 |

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**NOTES – Applications can be submitted online at** [**www.healthspace.com/OHePay**](http://www.healthspace.com/OHePay) **with credit/debit card payment.**

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 contracted for questions regarding this proposal (please print)**

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Email: |

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

|  |  |
| --- | --- |
| Owner: | *Date:* |

*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*  *P.O. Box 15278*  *Columbus, OH 43215* | *Walk -in address:*  *Ohio Department of Health*  *Revenue Processing, 1st floor*  *246 N. High Street*  *Columbus, OH 43215* | *Engineering Phone No.*  *614-644-7527*  *Fax No.*  *614-466-4556* |

***Each plan 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 \*\*** (oneif 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 Director of Health.

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* Previous ODH approvals, if applicable, may be included to assist with the plan review process.
* Reproduction from other documents are acceptable if legible. Drawings should be scale.

Applications can be submitted online at [www.healthspace.com/OHePay](http://www.healthspace.com/OHePay) with credit/debit card payment.

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.