**Temporary Camp Plan Review**

*Plans for a temporary park-camp shall be submitted to the licensor for review for the review and approval at least fifteen (15) days prior to the opening of the temporary camp. The licensor may request additional information or return incomplete plans to the applicant.*

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the Event-From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promoter/Party Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Site Information**

Number of Camp Sites Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Camp sites (including existing licensed camp sites): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Attach a sheet with the temporary camp site plan layout that includes the following:

 1) The area and dimensions of the tract of land

 2) Portable toilets (Portable toilets must be no more than 1000 ft. walking distance from camp sites:)

 3) First Aid

 4) Tent sites (10 ft. minimum between Tents)

 5) RV sites (15 ft. minimum between RV’s side-to-side, 10 ft. minimum from end-to-end)

 6) Trash Storage

 7) Lighting

 8) Roadways and pathways

 9) Parking

**Fire Protection**

Written verification obtained by the fire protection authorities that have jurisdiction around all the following:

[ ]  The park or camp has adequate protection.

[ ]  The method and layout of the fire protection.

[ ]  That applicable fire codes shall be adhered to in the construction and operation of the park or camp.

**First Aid**

Type of First Aid supplied? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Providing Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shower and Handwashing Facilities**

**Will showers be available?** [ ]  **Yes** [ ]  **No**

**Will hand washing/sanitizing stations be available?** [ ]  **Yes** [ ]  **No**

**Name of Company Providing Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Provider’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **-2-**

**Toilet Facilities**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Sites** | **Men Urinals** | **Men Toilets** | **Women Toilets** |
| **5-15** |  | **1** | **1** |
| **16-30** | **1** | **1** | **2** |
| **31-60** | **1** | **2** | **3** |
| **61-90** | **2** | **2** | **4** |
| **91-120** | **2** | **3** | **5** |
| **121-150** | **3** | **3** | **6** |
| **151-200** | **4** | **4** | **8** |
| **201-300** | **5** | **5** | **10** |
| **301-400** | **6** | **6** | **12** |
| **401-500** | **7** | **7** | **14** |
| **501-Up** | **Add 1 per 200** | **Add 1 per 200** | **Add 1 per 200** |

**Number of Portable Toilets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(See the chart to the right)

**Name of the Company Providing Service**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potable Water**

Will potable water be provided? [ ]  Yes [ ]  No

Select Potable Water Options: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Providing Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Solid Waste**

Name of Company Providing Service: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Method of Storage**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Method of Trash Collection: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Receptacles Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lighting**

Is there sufficient lighting to provide illumination and visibility of all public service buildings?

[ ]  Yes [ ]  No Lighting will be provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animals and Pets**

All pets permitted in the event must be registered prior to entry.

Registration shall include:

 1) Owners Name

 2) Owners Address

 3) Owners Phone Number

 4) Name of an Animal

 5) Type/Breed

**Event Rules**

**Are the event rules attached to the plan review?** [ ]  **Yes** [ ]  **No**

**Will the rules be conspicuously posted or provided to patrons?** [ ]  **Yes** [ ]  **No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Applicant Date**