

Environmental Health Division

220 Fort Street, Port Huron, MI 48060 Office: (810) 987-5306 Fax: (810) 985-5533 environmentalhealth@stclaircounty.org

Website: www.scchealth.co/EH

Temporary Campground Permit Application

Attached is an application to operate a temporary campground and the EGLE procedures for licensing a temporary campground.

Information needed:

- · Appropriate state fee and local health department fee
- Site plan, refer to attached EGLE application
- Other information may be necessary, refer to EGLE application

Number of sites	State fee	Health Department	Total Amount Due
5-25 sites	\$109	\$75	\$184
26-50 sites	\$146	\$125	\$271
51-75 sites	\$184	\$175	\$359
76-100 sites	\$221	\$225	\$446
101-500 sites	\$330	\$275	\$605
501 or more sites	\$734	\$350	\$1084

Please return the completed application, information and the appropriate fee to St. Clair County Health Department 14 days before event.
Check payable to SCCHD.



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

LICENSE APPLICATION

TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN

This application is required under authority of Part 125, Campground Administrative Rules, of 1978 PA 368, as amended. Failure to obtain a temporary campground license is a misdemeanor.

			(PLEASE	PRINT IN E	BLACK OR	BLUE INK)								
Group/Organization Name	•			Event Name										
Location of Event (Street Number and Name)						City, Village, or Township Name			ZIP Cod	ZIP Code				
Campground/Contact Pho	one Number		County of Event			Landowner's Na	ame							
Landowner's Address	Landowner's Address					City State			ZIP Code					
Submit the followi (1) This completed (2) State License F (3) Copies of curre (4) A site plan show Camp Area(s), station, etc. If you would like mo EGLE Campground	license applicate plus LHD In the safe water saving the layout roads, service bure information.	ation. This ispection Frample result of the campledg.(s), we be seen the campledg.(s) the campledg.(s) the campledge of the c	application for ee made pay ults and service apsites (with a ell(s), septic t	orm is avail vable to the ce contracts a numbering ank(s), dra Health Den	lable at all LHD (cor s to be pro g system infield(s),	local health on tact the LHD ovided (i.e., pofor emergency privy location	departmen to inquire ortable priv y response s, sanitary	it offices. about their inspervies, garbage, et en purposes), site or dump station or	ection fe c.). dimensi	ons, Group nearest				
NUMBER OF CA	AMPSITES	STAR	START DATE END DATE LHD to d		check here for	license								
				through		extension I								
The max ope	The max operation time is <u>14 days</u> with one extension request for 14 additional days pending LHD approval.													
A minimum of 30 days is required between licenses.														
SANITARY FAC			T T		UTILIT	IES:								
Туре		Male	Female	Unisex	Provide	Current Drinking Water Sample								
No. of Lavatories	s (sinks)	*****						s (1 per 50 site	s) or					
No. of Toilets					 	ct with Licen								
No. of Urinals					Adequa	uate Garbage Containers/Contract								
No. of Showers						ry Dump Station or								
No. of Privies* 2 u	` <u>L</u>	portable (rent	als)			ntract with Licensed Septage Hauler or st Sign to Nearest San Dump Station								
I hereby certify that	t the above in	formation	is accurate	and comp	lete.									
Signature of Applicant Date			Title				E-mail	E-mail						
Address of Applicant							Phone Number	Phone Number						
	DO NOT WRI	TE BELOV	N THIS LINE	– THIS SF	ACE FO	R LOCAL HE	ALTH DEF	PARTMENT USI	E ONLY.					
COMMENTS:														

TEMPODARYIIO	ENOE IO.	7 4 5 5 5 5	VED [] NO											
TEMPORARY LIC	ENSE IS:] APPRO	AED □ NO	I APPROV	ED (If no	t approved, se	ee Section	12508, Part 125	5, 1978 F	'A 368.)				
Signature of Loca	•	•				Date				-				
								d for the dates in		1.				
POS	ST IN A PROM	NENT AR	EA. THIS LI	CENSE IS	NOT TRA	NSFERABLI	E TO A PE	RSON OR PLA	CE.					
Local Health Dep	oartment ackn	owledgm	ent of receip	ot of fees:										
Fees of \$	а	nd \$		were	received	by the unde	rsianed o	on						
Fees of \$ and \$ were received by the undersigned on Date														
Local Health Department Signature Title														
Temporary Campground License fees are effective 2023, 2024, and 2025 and are based on the number of proposed campsites.														
State Fee:	5-25 sites \$109		6-50 sites \$146	51-75 \$1	sites	76-100 si \$221		01-500 sites \$330	501-	+ sites 734				

DISTRIBUTION: ORIGINAL TO LOCAL HEALTH DEPARTMENT AND EGLE VIA EGLE-EH@MICHIGAN.GOV OR MIEHDWIS / COPY TO OWNER