



ST. CLAIR COUNTY HEALTH DEPARTMENT



Our Community. Our Environment.

Environmental Health Division

3415 28th Street Port Huron MI 48060
Office: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

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



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 BLACK OR BLUE INK)

Group/Organization Name		Event Name		
Location of Event (Street Number and Name)		City, Village, or Township Name		ZIP Code
Campground/Contact Phone Number	County of Event		Landowner's Name	
Landowner's Address		City	State	ZIP Code

Submit the following to the Local Health Department (LHD) having jurisdiction at least 14 days prior to the event:

- (1) This completed license application. This application form is available at all local health department offices.
- (2) State License Fee plus LHD Inspection Fee made payable to the LHD (contact the LHD to inquire about their inspection fee).
- (3) Copies of current safe water sample results and service contracts to be provided (i.e., portable privies, garbage, etc.).
- (4) A site plan showing the layout of the campsites (with a numbering system for emergency response purposes), site dimensions, Group Camp Area(s), roads, service bldg.(s), well(s), septic tank(s), drainfield(s), privy locations, sanitary dump station or sign to nearest station, etc.

If you would like more information, please visit your Local Health Department, go to Michigan.gov/EGLECampgrounds, or email the EGLE Campground Program at RottiersS@Michigan.gov.

NUMBER OF CAMPSITES	START DATE	through	END DATE	LHD to check here for license extension DATES _____ - _____

**The max operation time is 14 days with one extension request for 14 additional days pending LHD approval.
A minimum of 30 days is required between licenses.**

SANITARY FACILITIES:

UTILITIES:

Type	Male	Female	Unisex	Provide Current Drinking Water Samples
No. of Lavatories (sinks)				No. of Drinking Water Outlets (1 per 50 sites) or
No. of Toilets				Contract with Licensed Water Hauler
No. of Urinals				Adequate Garbage Containers/Contract
No. of Showers				Sanitary Dump Station or
No. of Privies* 2 unisex per 30 sites				Contract with Licensed Septage Hauler or
*Can be vaulted (outhouse with septic tank) or portable (rentals)				Post Sign to Nearest San Dump Station

I hereby certify that the above information is accurate and complete.

Signature of Applicant	Date	Title	E-mail
Address of Applicant			Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE – THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY.

COMMENTS:

TEMPORARY LICENSE IS: **APPROVED** **NOT APPROVED** (If not approved, see Section 12508, Part 125, 1978 PA 368.)

Signature of Local Health Department Representative _____ Date _____

Upon approval by the local health department, this temporary campground is licensed for the dates indicated.

POST IN A PROMINENT AREA. THIS LICENSE IS NOT TRANSFERABLE TO A PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:						
Fees of \$ _____ and \$ _____ were received by the undersigned on _____ Date _____						
State License Fee		Local Inspection Fee				
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	26-50 sites \$146	51-75 sites \$184	76-100 sites \$221	101-500 sites \$330	501+ sites \$734

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