



Temporary Park Camp Requirements Fact Sheet

As defined in Ohio Revised Code 3729.01 (V), a “temporary park camp” is any tract of land used for a period not to exceed a total of twenty-one days per calendar year for the purpose of parking five or more recreational vehicles, dependent recreational vehicles, or portable camping units, or any combination thereof, for one or more periods of time that do not exceed seven consecutive days.

Plan Review

A set of plans must be submitted to the Lake County General Health District at least fifteen (15) days prior to the event, and must contain the following in order to gain approval:

- One set of drawings, which depict all items as described in the plan review application (form HEA 5336), see item number 4 on the back of the plan review application for the list of items.
- Per OAC 3701-25-05(c)(3) written verification from the local Fire Department that the camp can be provided with proper and sufficient fire protection. Note: Documentation may be in the form of an email directly from the Fire Department, or hard copy letter on the Fire Department’s letterhead.

Licensure

Once the plans are approved, the camp will be approved for licensure. In order to be licensed, a license application (Form HEA 5336) must be completed and submitted with the \$50.00 application fee.

Note: Temporary park camp plan review and licensing applications may be found at www.lcghd.org.

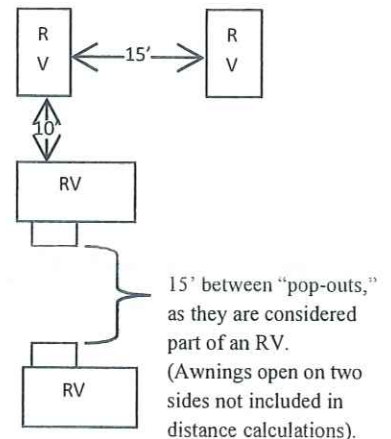
Operational Requirements

- Compliance to all regulations described in this document.
- All park/camp buildings, sites, and facilities shall be maintained in a safe and sanitary manner at all times.
- The park/camp shall be properly drained to eliminate standing water, and free from all trash and debris.
- Pests and other nuisances shall be prevented and abated immediately if they occur.
- All roads and walkways shall be maintained.

Spacing

The minimum spacing requirements for recreation vehicles are highlighted below.

Recreational Vehicles	Minimum Spacing
Side to Side	15 Feet
End to Side	10 Feet
End to End	10 Feet
From any Building	15 Feet
From any Public Road	15 Feet
From Park/Camp Roads	10 Feet
From Property Lines	7.5 Feet



Safety

Fire-fighting equipment of the type and quantity acceptable to the State of Ohio Fire Marshal or local Fire Department shall be made available for use in firefighting. All firefighting equipment shall be maintained in good operating condition (not expired), and located so it is easily accessible at all times.

If the Lake County General Health District believes an electrical hazard exists, the operator will be required to provide written documentation indicating that all electrical systems at the park/camp meet applicable state and local electrical codes.

First aid equipment consisting of disposable gloves, a sufficient supply of materials to stop bleeding, and to clean and cover minor cuts and abrasions shall be maintained and easily accessible.

The operator shall maintain a record of all injuries occurring within the park requiring the attention of medical personnel licensed under Chapters 4723, 4730, and 4731 of the Ohio Revised Code.

The operator shall ensure that no motorized vehicles are operated in such a manner as to create hazards to life and safety.

The operator shall identify all natural hazards within the park/camp and eliminate them whenever possible.

Firearms and other potentially hazardous equipment and substances shall be used, stored, and maintained in a safe manner.

The operator shall control any potentially hazardous activities or excessive noise within the park/camp.

Animals/Pets

The operator shall promptly report all cases of domestic and wild animal bites within the park/camp to the local animal control official and the Lake County General Health District at 440-350-2543.

If you have any questions regarding the Temporary Park Camp Program, please contact:

Geauga Public Health

Environmental Health Division

440-279-1914

SITE EVALUATION REPORT

To be completed by licensor having jurisdiction.

Authority: Ohio Administrative Code Chapter, 3701-26-03

TYPE OF PROJECT	
<input type="checkbox"/>	Recreation Camp (RC)
<input type="checkbox"/>	Recreational Vehicle Park (RVP)
<input type="checkbox"/>	Combined Park Camp (CPC)
<input checked="" type="checkbox"/>	*Temporary Campground (TPC)

**TPCs are the responsibility of the local health district.*

TYPE OF DEVELOPMENT	
<input checked="" type="checkbox"/>	New
<input type="checkbox"/>	Substantial Alteration

COUNTY		LOCAL HEALTH DISTRICT	
FACILITY NAME		OWNER	
STREET ADDRESS		STREET ADDRESS	
CITY, ZIP CODE		CITY, STATE, ZIP	
FACILITY PHONE NO.	FACILITY E-MAIL	OWNER PHONE NO.	OWNER E-MAIL

I. Site Information/Conditions:

A. Describe access thoroughfares on and adjoining the site: _____

B. Describe adjoining land uses: _____

C. Describe significant topographic features such as unusable land area, sharp changes in grade, waterways, or wetlands: _____

D. You may use the back of this form for additional remarks or to sketch the above or any other appropriate items.

E. Soil classification: list predominant soil types and characteristics (refer to the "Soil Conservation Service, Soil Survey"); _____

F. Research and comment on previous land uses to include, but not limited to, landfills or hazardous substance/disposal sites: _____

<p>II. Lot Information:</p> <p>Number of existing, fully developed lots: _____ (any lot a man. home can be placed/occupied)</p> <p>Total number of proposed lots: _____</p>	<p>III. Describe work proposed:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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IV. Utilities (check appropriate items):

A. Transmission lines:	Existing	Proposed	No Indication	
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas, propane, fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storm sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Service systems:				Public Private Other
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Campgrounds only:				
Restroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dump station(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste water drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Based on soil types in Sec. I E above, do you oppose use of a leaching type waste water drain(s)? Yes No

Note: New development or expansion may be subject to OEPA review and permits.

V. Expansion/Substantial Alteration/New Development:

A. Is the proposed development licensed by the licensor? Yes No

1. Verify the number of lots on the license permit with section II above, and with previously approved plans, plan approval letters, and plan extension approval letters.

B. Comment on the compliance of the existing facilities to the appropriate rules. _____

C. Objections to development of the existing or proposed project. _____

SANITARIAN	DATE
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Temporary Campground Application for Plan Review and License to Operate

Name of Temporary Campground			Health District Geauga Public Health		
Address of event			<p align="center">Directions: (please print)</p> <ol style="list-style-type: none"> Complete one application for each temporary campground event; Sign and Date the application; Include the required items for review per OAC 3701-26-05(C)(10) License will not be issued until plan review is approved. Contact Local Health District to obtain the license fee amount. 		
City/Zip					
Start date	End date	# of days for this event (≤7 days)			
Name of Owner / Licensee					
Address					
City/ State /Zip					
Phone #	E-mail				
Number of sites proposed	Water Supply <input type="checkbox"/> Public PWS <input type="checkbox"/> Private <input type="checkbox"/> N/A PWS name:		Type of Sewerage System <input type="checkbox"/> Municipal <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Septage Hauler <input type="checkbox"/> On-site <input type="checkbox"/> N/A <input type="checkbox"/> Other:		
Fires permitted on campsites? <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Fire District				

Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name	Phone #	E-mail
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Date
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Check or money order for the license fee, payable to:

Return the fee and application to:

<i>(Licensor to complete: either pre-printed, or with a label or stamp)</i>	Health District	
	Geauga Public Health	
	Street address	
	12611 Ravenwood Dr.	
	City	
Chardon		
Zip	Phone #	
44024	440-279-1914	

LOCAL LICENSING AUTHORITY TO COMPLETE BELOW

Date Plan Review Application Rec'd:	Date Plan Review Approved:	Number of Days Licensed this Year (including this event):
Plan Review Approved by:	Number of sites approved:	License Fee: \$75.00

Application approved for license as according to the applicable sections of the Ohio Revised Code

Processor:	Date payment received:	Date Processed:
License Audit No.	Health District License No.	