

Ohio Department of Health

Application for Campground Plan Review

ODH File No. _____

TYPE OF PROJECT
Recreation Camp (RC)
Recreational Vehicle Park (RVP)
Combined Park Camp (CPC)

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.

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) Check here if water not provided	a. Public Water Supply (PWS) (Approved by OEPA) Municipal Well Other: _____ PWS name: _____		
	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 one 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

NOTES - Applications can be submitted online at 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 contacted for questions regarding this proposal (please print).

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

Owner	Date
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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 licenser (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 ** (one if 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 the Director of Health.

* Previous ODH approvals, if applicable, may be included to assist with the plan review process.

** Reproductions from other documents are acceptable if legible. Drawings should be scale.

Applications can be submitted online at 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.