



## NEWARK

(740)-349-6535  
675 Price Rd.  
Newark, OH 43055

## PATASKALA

(740) 755-4520  
621 W. Broad St.  
Pataskala, OH 43062

[www.lickingcohealth.org](http://www.lickingcohealth.org)

# Temporary Camp Plan Review

**Licking County Health Department, 675 Price Road, Newark, OH 43055 (740)349-6475**

*Plans for a temporary park-camp shall be submitted to the licensor for 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Camp Site Information

Number of Campsites Requested: \_\_\_\_\_

Total Number of Campsites (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 authority or authorities that have jurisdiction in the area of all of the following:**

The park or camp has adequate protection.

## First Aid

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.

Type of First Aid Supplied?: \_\_\_\_\_

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

## Shower and Hand Washing Facilities

Will showers be available?  Yes  No

Will hand washing/sanitizing stations be available?  Yes  No

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

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

## Toilet Facilities

Number of Portable Toilets: \_\_\_\_\_  
(See the chart to the right.)

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

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 2 per 200

## Potable Water

Will potable water be provided?  Yes  No

Select Potable Water Option:  Bottled  Hauled  Existing well on-site  Community

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) Owner's 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

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Signature of Applicant

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Date

03/2025