

APPLICATION FOR A TEMPORARY CAMPGROUND PERMIT

Name of Event		
Location of Event		
Date(s) of Event	Time(s) of Event	
Name of Business/Organization		
Name of Contact Person		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

List the number of temporary campground spaces that will be available at this event:

How do you intend to designate the spaces to allow for easy inspection and incident or complaint follow up? **A detailed map must be submitted with this application.**

How are you going to provide adequate quantities of drinking water to meet the needs of your temporary campground: tested well water, bottled water or bulk hauled water? **If an unregulated well is used, a negative Total Coliform sample result must be submitted to the department the week prior to the event.**

How are you going to provide a sanitary dump station or other means to dispose of waste water from the campground spaces during the event? **Any contracts established to provide handling and/or disposal of waste water must be submitted with this application.**

How are you going to provide the proper ratio of toilets and hand wash sinks as dictated by the regulations? **Any contracts established to provide toilet and hand wash facilities must be submitted with this application.**

How are you going to provide garbage/refuse disposal during the event, as well as, storage of the waste materials until final disposal in an approved landfill? **Any contracts established to provide handling and/or disposal of garbage /refuse must be submitted with this application.**

I have received, read and understand the Erie County Department of Health's "Organized Camp and Campground Regulations", and I agree to comply with all requirements set forth in it related to operating a Temporary Campground.

Owner/Operator Name _____
(please print and sign)

Date _____

Return to the Erie County Department of Health. DO NOT SEND PAYMENT. Payment is to be remitted at the time the permit is issued. **Applications submitted within seven days prior to operation will result in an additional Late Submittal of Application Fee of \$25.00**

**Erie County Department of Health
606 West Second Street
Erie, PA 16507
Phone: 814/451-6700 • Fax: 814/451-6775**