



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Food and Recreational Safety, PO Box 8911, Madison, WI 53708-8911  
 Phone: (608) 224-4720 Fax (608) 224-4710

# CAMPGROUND PLAN APPROVAL APPLICATION

Wis. Admin. Code ch. ATCP 79

Complete all sections. For sections not applicable, indicate with "N/A". **Type or Print Only.**

**Application is for:**  New Campground  Modification / Additions (briefly describe): \_\_\_\_\_

CAMPGROUND NAME		COUNTY	PHONE: ( ) -	
CAMPGROUND ADDRESS STREET		CITY	STATE	ZIP
LEGAL LICENSEE NAME (Name of sole proprietor, partnership, LLC, LLP, or Inc.)		EMAIL ADDRESS	PHONE: ( ) -	
LICENSEE ADDRESS STREET		CITY	STATE	ZIP
NAME OF AGENT FOR THE CORPORATION / OPERATOR (if applicable)			INTENDED DATE OF OPENING FOR BUSINESS	
PREVIOUS BUSINESS NAME		PREVIOUS OPERATOR NAME		

**Please check all boxes that apply, and enter the number of systems that are existing or will be new:**

<b>WATER SUPPLY</b>	<b>Existing:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s)	<b>New:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s)
<b>WASTEWATER SYSTEM</b>	<b>Existing:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	<b>New:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*
<b>SANITARY DUMP STATION</b>	<b>Existing:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	<b>New:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*

ATCP 79, Wisconsin Administrative Code, for petition for waiver requirements for Sanitary Dump Station

\*Private Onsite Wastewater Treatment System

**LIST TYPES OF CAMPING UNITS INTENDED FOR CAMPSITES (Tents, RVs, etc.) and toilet numbers:**

CAMPSITE INFORMATION	Example	Existing (Currently licensed) TOTAL & SITES NUMBERS	New New site(s) TOTAL & SITES NUMBERS
Sites and Provisions* (All sites not designated will be used to calculate toilet fixture needs)			
List types of camping units for campsites (tents, RVs, etc.) by site numbers (Provide range where appropriate)	<b>Tents: 1-10, 21-29</b> <b>RV's: 30-40</b> <b>11-20</b>		
Total number of campsites	<b>40</b>		
Total sites and site numbers with water and sewer connections	<b>11/30-40</b>		
Total sites and site numbers with water connection only	<b>9/21-29</b>		
Total sites and site numbers with sewer connection only	<b>10/11-20</b>		
Total sites and site numbers without sewer or water	<b>10/1-10</b>		
Identify by site numbers the total sites <u>designated</u> for <b>Independent camping units</b> (see definition below) (Identify by "I" on Plan Drawing)	<b>21/30-40,</b> <b>11-20</b>		
Identify by site numbers the total sites <u>designated</u> for <b>dependent camping units</b> (see definition below) (Identify by "D" on Plan Drawing)	<b>19/1-10,</b> <b>21-29</b>		
Identify by site numbers the total number of sites designated for use by <b>both "I" and "D" camping units.</b> (Identify by "B" on Plan Drawing)			
<b>TOILET FACILITIES (Number of units)</b>	<b>Site No. used: (a)-(b)</b>	<b>Existing</b>	<b>New</b>
<b>Female:</b> Flush toilets	<b>2</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		
<b>Male:</b> Flush toilets	<b>1</b>		
Flush urinals	<b>1</b>		
Vault urinals	<b>0</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		

**"Independent camping unit"** means a camping unit, which contains, at a minimum, a water storage facility and a toilet facility, which discharges to a liquid waste holding tank that is an integral part of the unit or to a sewage disposal system.

**"Dependent camping unit"** means a camping unit without a toilet and which therefore depends on campground toilets.

## PLAN REQUIREMENTS

**Section ATCP 79.04 Plan Approval.** (a) An operator shall obtain plan approval from the department or its agent before any one of the following occurs: 1. The operator begins construction of a campground. 2. The operator modifies or increases the number or type of any campground attribute that was subject to a previous plan review by the department or its agent. (b) An operator – provided camping unit that meets § ATCP 79.13 (3) or that has been approved by the department or its agent under sub. (2) and § ATCP 79.13 (3), may be placed or relocated on any approved campsite.

**NOTE:** Operators must consult with the Department of Safety and Professional Services (DPS) - as well as local building and zoning authorities before commencing construction or modification.

**PLAN DRAWN TO SCALE:** Indicate scale on plan or provide dimensional plan indicating code-required distances in linear feet.

**PLAN SUBMITTAL CHECKLIST:** Identify the following features on the plan. Submit identifying key if necessary.

**If feature(s) are included on plan check the "Yes" box below. Any features not applicable to your plan, check the "N/A" box. DO NOT LEAVE BLANK.**

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Layout of & designated campsites - number and label <b>independent, dependent or both.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Shower/Toilet Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	On-Site Food Service / Retail Food Store
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Camping Cabins / Yurts / Tepees	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Sanitary Dump Station(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Activities Area(s)
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Park Models	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Sewage Disposal System Locations - (drain- field and holding tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Office Building
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Central Garbage Collection Site	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Designated Parking Areas
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Rentals to Public : RV's, Cottages	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Garbage / Refuse Containers	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Petting Zoo / Animal Area / Manure deposition
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Permanent Buildings or Structures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Garbage / Refuse Incineration Location	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Drawing Scale (25 feet) or Dimensions
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Potable Well(s) and Designated Potable Water Outlets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Number of acres used for campsites
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Toilets / Privies	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Pools / Whirlpools / Lake / River / Beach / Swim ponds	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Streets / Roadways / Highways
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Portable Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Playground Equipment

**ADDITIONAL SUBMITTAL REQUIREMENTS:** Submittal to, review and approval by the **Wisconsin Department of Safety and Professional Services**, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Wisconsin Department of Agriculture, Trade and Consumer Protection requires proof of approval for these systems/construction in campgrounds. Submit copies of all DPS approval letters with the plan and this application. Check off indicating the documentation is included. Indicate N/A if not applicable.

Department of Safety and Professional Services-Safety and Buildings Division **PLAN APPROVAL LETTERS** for:

- a) Water Distribution System
- b) Plumbing
- c) Wastewater Treatment Systems
- d) Wastewater Transfer Containers

**Note:** A Wisconsin licensed plumber must complete all plumbing.

A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates).

### SIGNATURE

APPLICANT SIGNATURE – REQUIRED

DATE

*Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)*

**SUBMIT THIS APPLICATION AND COPIES OF ALL PLANS AND SUPPORTING DOCUMENTS TO:**

**WDATCP - Division of Food and Recreational Safety  
PO BOX 8911  
MADISON, WI 53708-8911**

### Office Use Only

SIGNATURE – Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_