



**LINCOLN COUNTY SPECIAL EVENT CAMPGROUND
 APPLICATION**

**601 N. Sales St. Suite 101
 Merrill, WI 54452
 (p) (715) 536-0307
 (f) (715) 536-2011**

Completion of this form is voluntary, however to receive a permit you must complete the form. To receive a permit send the completed application and fee(s), **check or money order, payable to the LINCOLN COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing your application. **Type or Print Only.**

Establishment Name	County
Establishment Street Address, City, State and Zip Code	Establishment Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	
Licensee Street Address, City, State and Zip Code	Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)	
Email Address	

Date and Duration of Event
Estimated Number of Campers (# of Campsites * 6)
Area of Land for the intended use of the campground
Total Number of Campsites

Water Supply

Private Well ... Address _____

Municipal Well... Name of Village/City/Town _____

*Private wells: Must have bacteria analysis performed- please provide a copy of the result with this application.

Wastewater: Number of Toilets to be provided (see table below)

Required toilets males	Required toilets females	Required lavatories (handwash sinks)
1 per 125	1 per 65	1 per 200

Please Complete the table below:

Portable Toilets	Number of Males	Number of Females	Number of Handwash stations
Flush Toilets	Number of Males	Number of Females	Number of Handwash stations

Please complete the reverse side of this page

PLAN REQUIREMENTS

Chapter ATCP 79. The operator shall submit plans and specifications for a new or expanded campground.

NOTE: Operators should consult with local zoning authorities before commencing.

Plan Drawn to Scale: Indicate scale on

PLAN SUBMITTAL CHECKLIST: The plan is to include the following features. Check off the features included on the plan. Any features not applicable indicate with "N/A". Do not leave blank.

- | | |
|--|--|
| <input type="checkbox"/> Campsites | <input type="checkbox"/> Site setbacks from street |
| <input type="checkbox"/> Toilets | <input type="checkbox"/> Water outlets |
| <input type="checkbox"/> Shower facilities (if applicable) | <input type="checkbox"/> Garbage/refuse containers |
| <input type="checkbox"/> Designated parking areas | <input type="checkbox"/> Permanent buildings (if applicable) |
-

I certify that I am familiar with Chapter ATCP 79, Campgrounds, Wisconsin Administrative Code and the above-described establishment will be operated and maintained in accordance with all applicable regulations.

Contact local zoning office for local permits and requirements.

SIGNATURE REQUIREMENTS: The owner is required to sign the application.

Applicant's Printed Name: _____

Signature: _____ Date: _____

SUBMIT PLANS AND FEE TO: Lincoln County Health Department,
607 N. Sales Street, Suite 101,
Merrill, WI 54452

- FEES:**
- \$165.00 (1-25 sites)
 - \$236.50 (26-50 sites)
 - \$291.50 (51-100 sites)
 - \$341.00 (101-199 sites)
 - \$390.50 (Over 200 sites)