



**PIERCE COUNTY PUBLIC HEALTH DEPARTMENT**  
 412 West Kinne Street, P O Box 238  
 Ellsworth, Wisconsin 54011  
 (715) 273-6755, (715) 273-6854 FAX

<b>For Office Use Only:</b>	
ID Number	_____
Check Number	_____
Permit Number	_____
Date	_____
Initials	_____

**SPECIAL EVENT CAMPGROUND PLAN & PERMIT APPLICATION**  
 (Reference Chapter ATCP 79, Wisconsin Administrative Code)

**Note: This application must be submitted to the Department at least 15 days prior to the event or a \$100 late fee may apply.**

**COMPLETE ALL SECTIONS** (Sections not applicable indicate with "N/A")

**Operator(s) Name(s)** \_\_\_\_\_ **Address of the Special Event (Street, City/Town, Zip Code)** \_\_\_\_\_  
 (Provide legal description of property if address is not specific.)

**Mailing Address (Street, City, Zip Code)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Date and duration of the Special Event** (*May not exceed 7 consecutive nights per ATCP 79.26 (2)*): \_\_\_\_\_

**Estimated Number of Campers** (# of campsites x 6) \_\_\_\_\_

**Area of land for the intended use of the campground** (assuming a maximum of 50 campsites per acre) \_\_\_\_\_

**Total number of campsites:** \_\_\_\_\_

**WATER SUPPLY:**  Public Name of Village/City/Town \_\_\_\_\_

Private potable well(s) No. \_\_\_\_\_ Specific location: \_\_\_\_\_

Explain how potable water will be distributed to campers: \_\_\_\_\_

**Attach reports** (to the application) showing results of bacteria and nitrate analysis performed on potable water well(s).

**WASTEWATER:** Number of toilets to be provided: (see table below) Contact Department of Commerce (608) 266-1018 for the number and kind required to meet the Americans with Disabilities Act. Consider alcohol consumption and non-campers use of toilets in festivals/outdoor concerts where portable toilets may be shared.

Required Toilets Males	Required Toilets Females	Hand wash Sinks
1 per 125 males	1 per 65 females	1 per 200 users

**Please complete table below**

To determine number of users by each gender, estimate number of total campers using **dependent** campsites, divide by 2.

<b>Portable Toilets</b>	Number of males	Number of females	Number of hand wash sinks
<b>Flush Toilets</b>	Number of males	Number of females	Number of hand wash sinks

**Please complete the reverse side of this page.**

# PLAN REQUIREMENTS

**Chapter ATCP 79 Plan Approval.** The operator shall submit plans and specifications for a new or expanded campground to the Department for examination and approval before beginning construction or modification. No change in plans or specifications that involves any provision of this chapter may be made unless the change is approved and dated by the Department.

**Note: A drawing of the proposed campground must be submitted with the application.**  
**The drawing should include the following:** (Mark all features included in the drawing.)

- |   |  |
|---|--|
| _____ Campsites                         | _____ Site setbacks from street  |
| _____ Toilets and urinals               | _____ Water outlets and cross connection controls                            |
| _____ Handwashing facilities            | _____ Wastewater collection methods and approved disposal means and location |
| _____ Shower facilities (if applicable) | _____ Garbage/refuse containers  |
| _____ Designated parking areas          | _____ Permanent buildings (if applicable)                                    |

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**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 this application.

Applicant's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Special Event Campground Permit Fees:**

(mark appropriate box – **make check payable to Pierce County Public Health**)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$193 (1-25 sites)    | <input type="checkbox"/> \$275 (26-50 sites) | <input type="checkbox"/> \$336 (51-100 sites) |
| <input type="checkbox"/> \$391 (101-199 sites) | <input type="checkbox"/> \$451 (200+ sites)  |   |

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**Submit Plan & Permit Fee To:**

**PIERCE COUNTY PUBLIC HEALTH DEPARTMENT  
412 W KINNE ST., PO BOX 238  
ELLSWORTH, WISCONSIN 54011  
PHONE: (715) 273-6755**