



HEALTH DEPARTMENT

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(810) 987-5300 Fax (810) 985-2150

COUNTY OF ST. CLAIR



ANNETTE M. MERCATANTE, MD
HEALTH OFFICER/
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(810) 794-9327

CAPAC BRANCH
(810) 395-4681

TEEN HEALTH CENTER
(810) 987-1311

SUBJECT: Temporary Campground Permit Application

Attached is an application to operate a temporary campground and the MDEQ procedures for licensing a temporary campground. Please read the procedures, complete the application, and return it with the appropriate information.

Some of the information needed will be:

- The appropriate state fee and the local health department fee of \$25.00.
- Site plan, as referred to in the MDEQ memo attached.
- Other information may be necessary. Refer to the MDEQ memo.

STATE OF MICHIGAN FEE SCHEDULE FOR TEMPORARY CAMPGROUND LICENSES			
No. of sites in temporary campground	State portion of fees	Local Health Dept. Fee	TOTAL AMOUNT DUE
1 – 25 sites	\$ 81.00	\$ 25.00	\$ 106.00
26 – 50 sites	\$ 108.00	\$ 25.00	\$ 133.00
51 – 75 sites	\$ 136.00	\$ 25.00	\$ 161.00
76 – 100 sites	\$ 163.00	\$ 25.00	\$ 188.00
101 – 500 sites	\$ 244.00	\$ 25.00	\$ 269.00
501 or more sites	\$ 542.00	\$ 25.00	\$ 567.00

Please return the completed application, information, and the appropriate fee to the St. Clair County Health Department at least 14 days before the event. Make your check, in the total amount due, payable to St. Clair County Health Department.

If you have any questions, please contact our office at (810) 987-5306.

Sincerely,

ST. CLAIR COUNTY HEALTH DEPARTMENT
Annette Mercatante, M.D.
Health Officer/Medical Director

BY: Greg Brown, R.S.
Director of Environmental Health

05/09

Attachments



**APPLICATION AND LICENSE
TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN**

This information is required under authority of Part 125 of 1978 PA 368, as amended. Failure to obtain a temporary license is a misdemeanor.

(PLEASE PRINT IN BLACK OR BLUE INK.)

Group/Organization Name			
Location of Event (Street Number and Name)		City, Village, or Township Name	ZIP Code
Local Telephone Number	County of Event	Landowner's Name	
Landowner's Address		City	State ZIP Code

NUMBER OF CAMPSITES:		License Fee: 1 - 25 sites: \$81 ; 26 - 50 sites: \$108 ; 51 - 75 sites: \$136 76 - 100 sites: \$163 ; 101 - 500 sites: \$244 ; 501+ sites: \$542
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Please make the License Fee payable to the local health department having jurisdiction. The local health department where the temporary campground is located is also entitled to collect an inspection fee in addition to the above License Fee. **Submit the following information to the local health department at least 14 days prior to the event:** (1) completed license application, (2) license fee payment, (3) copies of contracts for services to be provided (portable privies, garbage, etc.) and (4) a site plan showing the location and accessibility of the campsites, campground roads, and facilities. **A CAMPGROUND CONSTRUCTION PERMIT IS REQUIRED FOR PERMANENT FACILITIES IN TEMPORARY CAMPGROUNDS.** Additional information may be obtained at www.michigan.gov/deqwb or contact the MDEQ 517-241-1340 or the local health department.

DATES OF OPERATION:	Date	through	Date	Check if this is a license extension:	
The maximum time of operation is <u>two weeks</u> with one extension of two weeks allowed.					
A minimum of 30 days is required between licenses. Separate fees are due for each separate license period.					

SANITARY FACILITIES:

Type	Male	Female	Unisex	No. of Sanitary Dump Stations	
No. of Lavatories				No. of Water Outlets	
No. of Toilets				No. of Sites With Sewer Connections	
No. of Urinals				No. of Sites With Water Connections	
No. of Showers				No. of Sites With Electrical Connections	
No. of Privies					

I hereby certify that the foregoing information is accurate and complete.

Signature of Applicant	Title	Date
Address of Applicant		Telephone Number

PLEASE DO NOT WRITE BELOW THIS LINE

THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY

COMMENTS:

TEMPORARY LICENSE IS: **APPROVED** **DISAPPROVED** (If disapproved, see Section 12508, 1978 PA 368)

Signature of Local Health Department Representative _____ Date _____

Upon approval by the local health department, this temporary campground is licensed for the dates indicated.

POST IN A CONSPICUOUS PLACE. LICENSE IS NOT TRANSFERABLE AS TO PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:

Fees of \$ _____ and \$ _____ were received by the undersigned on _____
License Fee Local Inspection Fee Date

Signature _____ Title _____ Local Health Department _____