



ST. CLAIR COUNTY HEALTH DEPARTMENT

Our Community. Our Environment.

3415 28th Street Port Huron MI 48060

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SUBJECT: Temporary Campground Permit Application

Attached is an application to operate a temporary campground and the MDEQ procedures for licensing a temporary campground.

Some of the information needed will be:

- > **The appropriate state fee and the local health department fee.**
- > **Site plan, as referred to on the attached MDEQ application.**
- > **Other information may be necessary. Refer to the MDEQ application.**

No. of sites in temporary campground	State portion of fees	Local Health Dept. Fee	Total Amount Due
5-25 sites	\$ 94	\$75	\$169
26-50 sites	\$126	\$125	\$251
51-75 sites	\$158	\$175	\$333
76-100 sites	\$190	\$225	\$415
101-500 sites	\$284	\$275	\$559
501 or more sites	\$632	\$350	\$982

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
Steve Demick, R.S.
Environmental Health Director



www.scchealth.co

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

*This application is required under authority of Part 125, Campground Administrative Rules, of 1978 PA 368, as amended.
Failure to obtain a temporary campground 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
Campground/Contact Phone Number	County of Event	Landowner's Name	
Landowner's Address		City	State ZIP Code

Submit the following to the Local Health Department (LHD) having jurisdiction at least 14 days prior to the event:

- (1) This completed license application. This application form is available at all local health department offices.
 - (2) State License Fee plus LHD Inspection Fee made payable to the LHD (contact the LHD to inquire about their inspection fee).
 - (3) Copies of current safe water sample results and service contracts to be provided (i.e., portable privies, garbage, etc.).
 - (4) A site plan showing the layout of the campsites (with a numbering system for emergency response purposes), site dimensions, Group Camp Area(s), roads, service bldg(s), well(s), septic tank(s), drainfield(s), privy locations, sanitary dump station or sign to nearest station, etc.
- For more information, visit your LHD, go to Michigan.gov/EGLECampgrounds, or call the EGLE Campground Program at 517-284-6520.*

NUMBER OF CAMPSITES	START DATE	through	END DATE	Check if this is a license extension:

**The maximum time of operation is two weeks with one extension of two additional weeks if approved by the LHD.
A minimum of 30 days is required between licenses. Separate fees are due for each separate license period.**

SANITARY FACILITIES:

UTILITIES:

Type	Male	Female	Unisex	Provide Current Drinking Water Samples
No. of Lavatories (sinks)				No. of Drinking Water Outlets or
No. of Toilets				Contract with Licensed Water Hauler
No. of Urinals				Adequate Garbage Containers/Contract
No. of Showers				Sanitary Dump Station or
No. of Privies* 2 unisex per 25 sites				Contract with Licensed Septage Hauler or
*Can be vaulted (outhouse with septic tank) or portable (rentals)				Post Sign to Nearest San Dump Station

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

Signature of Applicant	Date	Title	E-mail
Address of Applicant			Phone Number

PLEASE DO NOT WRITE BELOW THIS LINE – THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY

COMMENTS:

TEMPORARY LICENSE IS: APPROVED NOT APPROVED (If not approved, see Section 12508, Part 125, 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. THIS LICENSE IS NOT TRANSFERABLE TO A PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:

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

Local Health Department _____ Signature _____ Title _____
Temporary Campground License fees are effective 2020, 2021, and 2022 and are based on the number of proposed campsites.

State Fee:	5-25 sites	26-50 sites	51-75 sites	76-100 sites	101-500 sites	501+ sites
	\$94	\$126	\$158	\$190	\$284	\$632

DISTRIBUTION: ORIGINAL TO EGLE - ONE COPY TO APPLICANT - ONE COPY TO LOCAL HEALTH DEPARTMENT