



# Jackson County Health Department

## Temporary Campground Registration

### Campground Owner/Operator Information

Owner Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Operator Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Physical  
Address of  
Campground \_\_\_\_\_  
\_\_\_\_\_

Mailing Address  
of Owner \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Owner Phone: \_\_\_\_\_ Operator Phone: \_\_\_\_\_

Email(optional) \_\_\_\_\_

### Campground Information

Name of Campground (if any)	Proposed Dates of Operation	_____
Number of Proposed Spaces	Number of RVs/Tents per Space	_____
	Maximum No. of People per Space	_____

With the signature below, the Campground Owner and Campground Operator (if different) hereby attest that the information provided in this temporary campground registration form is accurate to the best of his/her knowledge. Intentional submission of false information is grounds for Jackson County to refuse registration to a temporary campground.

I/we acknowledge that it is my/our responsibility to maintain the campground in a safe, clean, orderly and sanitary condition, in accordance with State and local health codes and the Temporary Campground Ordinance. In addition, with submission of this registration and payment of the appropriate fee, I/we agree to allow inspection of said premises at any time during the registration year by county health department officials and local law enforcement.

Signature of Campground Owner \_\_\_\_\_

Date

Signature of Campground Operator (if different) \_\_\_\_\_

Date

## JACKSON COUNTY TEMPORARY CAMPGROUND REGISTRATION FORM

Sketch of Proposed Temporary Campground



Include a drawing of the proposed campground. Must be neatly done if hand-drawn. Drawing may be done on top of an aerial photo. Please indicate all of the following on the drawing:

- Location of each proposed camp space
- Location of any permanent buildings, sewage systems, water wells, water spigots
- Proposed location of portable toilets and hand wash stations
- Proposed location of emergency care area
- Proposed location of refuse collection containers
- Property lines and boundaries of campground (if different); proposed location of entrance/exits and internal driveways/roads.

		Yes	No	Description
<b>Toilets</b>				
Portable?		<input type="checkbox"/>	<input type="checkbox"/>	Number:
Plumbed?		<input type="checkbox"/>	<input type="checkbox"/>	Number:
<i>If portable:</i>	Jackson Co. licensed provider?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If plumbed:</i>	Municipal Sewage?	<input type="checkbox"/>	<input type="checkbox"/>	
	Private Sewage System?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hand Wash Stations</b>				
Portable?		<input type="checkbox"/>	<input type="checkbox"/>	Number:
Plumbed?		<input type="checkbox"/>	<input type="checkbox"/>	Number:
<b>Potable Water</b>				
<i>Source:</i>	Water District?	<input type="checkbox"/>	<input type="checkbox"/>	
	Water Well or Hauled?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Location:</i>	Centralized?	<input type="checkbox"/>	<input type="checkbox"/>	
	Individual Camp Sites?	<input type="checkbox"/>	<input type="checkbox"/>	
	Will shower facilities be provided?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Campfires</b>				
Designated receptacles (fire pit, etc)?		<input type="checkbox"/>	<input type="checkbox"/>	
Class BC or ABC fire extinguisher provided		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Parking</b>				
Off public roads and right of ways?		<input type="checkbox"/>	<input type="checkbox"/>	
Entrances and exits clearly marked?		<input type="checkbox"/>	<input type="checkbox"/>	
What type of surface will be used for internal roads?				
<b>Emergency</b>				
Is emergency care provided?		<input type="checkbox"/>	<input type="checkbox"/>	
Sufficiently-stocked first aid kit provided?		<input type="checkbox"/>	<input type="checkbox"/>	
<i>Posted phone numbers:</i>	Local emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	
	Campground Operator?	<input type="checkbox"/>	<input type="checkbox"/>	
	Location of nearest hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Vending</b>				
If so, please describe:		<input type="checkbox"/>	<input type="checkbox"/>	
Annual license from Jackson County?		<input type="checkbox"/>	<input type="checkbox"/>	
Temporary license from Jackson County?		<input type="checkbox"/>	<input type="checkbox"/>	

Describe any other activities proposed for campground location (such as concerts, petting zoo, etc.). Will these activities be open to public or just for individuals camping and their guests?

			For office use only
Amount/Date Rcv'd: _____	Payment Type:	<input type="checkbox"/> Cash/Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> _____ other
Date Reviewed: _____	By: _____	Date for Inspection: _____	
Copy to EH Division Director: _____			