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| DFRS-BFRB-046.docx (rev. 10/23) | | | | | | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Food and Recreational Safety P.O. Box 8911, Madison, WI 53708-8911 Phone: (608) 224-4700 Fax: (608) 224-4710 | | | | | | | | | | | | | | | | | | |
| REC ED CAMP PLAN APPROVAL APPLICATION | | | | | | | | | | | | | | | | *Wis. Admin. Code § ATCP 78.06* | | | |
| Complete all sections. For sections not applicable, indicate with “N/A”. Type or Print Only. | | | | | | | | | | | | | | | | | | | |
| Application is for: | | New Camp | | | | Modification / Additions (briefly describe): | | | | | | | | | | | | | |
| Section ATCP 78.06 Plan Review. (1) APPROVAL REQUIRED. An operator shall obtain plan approval from the department or its agent before any of the following occurs: (a) New construction. The operator begins construction of a camp; or (b) Modifications. The operator modifies a camp by adding or moving a structure that was subject to a previous plan review by the department or its agent. Failure to obtain plan approval prior to construction or modification of a camp is subject to compliance action under Wis. Admin. Code ch. ATCP 78. Personally identifiable information may be used for purposes other than for which it is originally being collected. Wis. Stat. § 15.04(1)(m).  NOTE: In addition to meeting the department’s plan review requirements, a person should consult with other agencies that may also require prior plan or construction approval, such as the Department of Safety and Professional Services, the Department of Natural Resources, or the local building and zoning agency before commencing construction or modification of a camp. | | | | | | | | | | | | | | | | | | | |
| CAMP NAME: | | | | | | | | | | COUNTY: | | | | | | | | PHONE:  (     )     - | |
| CAMP STREET ADDRESS: | | | | | | | CITY: | | | | | | | | | | | STATE: | ZIP: |
| LEGAL LICENSEE NAME (Name of sole proprietor, partnership, LLC, LLP, or Inc.): | | | | | | | | | | | | EMAIL: | | | | | | PHONE:  (     )     - | |
| LICENSEE STREET ADDRESS: | | | | | | | CITY: | | | | | | | | | | | STATE: | ZIP: |
| NAME OF AGENT FOR THE CORPORATION / OPERATOR (if applicable): | | | | | | | | | | | | | | | INTENDED DATE OF OPENING FOR BUSINESS: | | | | |
| PREVIOUS BUSINESS NAME: | | | | | | | | | | | PREVIOUS OPERATOR NAME: | | | | | | | | |
| Please check all boxes that apply, and enter the number of systems that are existing or will be new: | | | | | | | | | | | | | | | | | | | |
| WATER SUPPLY | | | Existing: | | Municipal | | | Private Well(s) | | | | | New: | Municipal | | | Private Well(s) | | |
| WASTEWATER SYSTEM | | | Existing: | | Municipal | | | Private Sewer/POWTS | | | | | New: | Municipal | | | Private Sewer/POWTS | | |
| CAMPER SLEEPING QUARTERS INFORMATION Note: distances for bed layout and bunk beds | | | | | | | | | Example | | | | \*New Addition or Overall for New Camp | | | | | | |
| List types of sleeping quarter structures on premises. | | | | | | | | | Cabin: x13  Yurt: 1 | | | |  | | | | | | |
| Maximum camper capacity: | | | | | | | | | 200 | | | |  | | | | | | |
| TOILET FACILITIES (Number of units) | | | | | | | | |  | | | | \*New Addition or Overall for New Camp | | | | | | |
|  | | | | Flush toilets | | | | |  | | | |  | | | | | | |
|  | | | | Privies (vault or pit) | | | | |  | | | |  | | | | | | |
|  | | | | Showers | | | | |  | | | |  | | | | | | |
|  | | | | Hand sinks in | | | | |  | | | |  | | | | | | |
| Shower to Camper Minimum Ratio | | | | 1:20 | | | | |  | | | |  | | | | | | |
| Toilet to Camper Minimum Ratio | | | | 1:10 | | | | |  | | | |  | | | | | | |
| PLAN DRAWN TO SCALE: Indicate scale on plan or provide dimensional plan indicating code-required distances in linear feet. | | | | | | | | | | | | | | | | | | | |

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| PLAN SUBMITTAL CHECKLIST: Identify the following features on the plan. Submit identifying key if necessary. | | | | |
| If feature(s) are included on plan check the “Yes” box below. Any features not applicable to your plan, check the “N/A” box.  DO NOT LEAVE BLANK. | | | | |
| Yes  N/A | Layout of all Camper Sleeping Quarters | Yes  N/A | | Exterior Garbage Storage and Collection Area |
| Yes  N/A | Permanent Camper Sleeping Quarters,  i.e Cabins / Yurts | Yes  N/A | | Garbage / Refuse Incineration Location |
| Yes  N/A | Open Air Camper Sleeping Quarters | Yes  N/A | | Pools / Whirlpools / Lake / River / Beach / Swim Ponds |
| Yes  N/A | Permanent Buildings or Structures | Yes  N/A | | On-Site Food Service / Retail Food Store |
| Yes  N/A | Hospitality Lodging: RV’s, Cabin,  Conference Center, etc. | Yes  N/A | | Specialized Program Activities Area(s) |
| Yes  N/A | Portable Toilets | Yes  N/A | | Playground Equipment |
| Yes  N/A | Toilets / Privies | Yes  N/A | | Petting Zoo / Animal Area / Manure Deposition |
| Yes  N/A | Shower/Toilet Buildings | Yes  N/A | | Drawing Scale (in feet) or Dimensions |
| Yes  N/A | Sewage Disposal System Locations -  (drain- field and holding tanks) | Yes  N/A | | Potable Water Well(s) |
| SIGNATURE | | | | |
|  | | |  | |
| APPLICANT SIGNATURE – REQUIRED | | | DATE | |
|  | | | | |
| OFFICE USE ONLY | | | | |
|  | | |  | |
| SIGNATURE – OFFICIAL | | | DATE APPROVED: | |
| ATCP 78.06(2)(b)(2.) Within 30 days after receipt of a completed plan pursuant to par. (a)., the department or its agent shall approve or deny the plan. | | | | |
|  | | | | |
| **ADDITIONAL SUBMITTAL REQUIREMENTS:** Submittal to, review and approval by the **Wisconsin Department of Safety and Professional Services (DSPS)**, in most instances, is required for plans for the construction of public buildings, water, plumbing, and wastewater treatment systems servicing camps. The Wisconsin Department of Agriculture, Trade and Consumer Protection requires proof of approval for these systems/construction in camps. Submit copies of all DSPS approval letters with the plan and this application.Check off indicating the documentation is included. Indicate N/A if not applicable. | | | | |
|  | | | | |
| Department of Safety and Professional Services-Safety and Buildings Division PLAN APPROVAL LETTERS for: | | | | |
| a) Water Distribution System | | | | |
| b) Plumbing | | | | |
| c) Wastewater Treatment Systems | | | | |
| d) Wastewater Transfer Containers | | | | |
| Note: A Wisconsin licensed plumber must complete all plumbing | | | | |
| A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates). | | | | |