



APPLICATION FOR CAMPGROUND CONSTRUCTION PERMIT

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

(PLEASE PRINT IN BLACK OR BLUE INK.)

Form with fields for Campground Name, Reference No., Street Address, City, ZIP Code, County, Phone Number, E-mail, Will campground have winter use?, Municipality Name, Section Number, Town, Range, Name of Engineer/Person Preparing Plans, Phone, E-mail, Owner/Lessee's Name, Phone, E-mail, Street Address, City, State, ZIP Code.

Note: A campground site is defined as modern if the site depends on flush toilets at a service building or if the site has a sewer connection. A campground site is defined as primitive if the site depends on privies. Campground sites with water and/or electrical connections can be considered primitive or modern.

Table with columns: PROPOSED CONSTRUCTION, EXISTING, PROPOSED, TOTAL. Rows include: Number of modern sites, Number of primitive sites, Total number of sites, Number of sites with electrical connections, Number of sites with water connections, Number of unthreaded water outlets, Number of sites with sewer connections, Number of service buildings, Number of sanitary stations, Water Supply, Wastewater Disposal.

Table with columns: SERVICE BUILDING(S), EXISTING, PROPOSED, TOTAL. Rows include: Fixture Type, Number of lavatories, Number of toilets, Number of urinals, Number of showers, Number of privies.

Please describe any other proposed construction:

Check appropriate box that applies: THESE FEES ARE VALID October 2016 through September 2019

- Permit to construct a new campground: FEE \$723
Permit to modify an existing licensed campground: FEE \$270
Transfer of a construction permit (NO FEE)
Renewal of a construction permit (NO FEE)

The undersigned deposes and affirms that the statements contained within this construction permit application are true.

Signature of applicant(s):

Date:

Submit 3 sets of plans and specifications, this application, and a check for the appropriate fee amount (as indicated above) made payable to STATE OF MICHIGAN to:

COURIER ADDRESS (for UPS, FedEx, etc): MAILING ADDRESS (for US Mail only):
MDOT - ACCOUNTING SERVICE CENTER
425 WEST OTTAWA STREET
LANSING MI 48933
MDEQ - CASHIERS OFFICE
PO BOX 30657
LANSING MI 48909-8157

For Cashier's Use Only: 33000 45750 9508 ODWMA CG

In addition, submit a copy of this application and one set of plans and specifications to the local health department. Additional information is available at http://www.michigan.gov/deqcampgrounds or call 517-284-6520 or e-mail RottiersS@michigan.gov.

PLEASE MAKE A COPY FOR YOUR RECORDS