

**TOWN OF SIOUX CREEK
BARRON COUNTY, WISCONSIN
CAMPGROUND LICENSE APPLICATION**

NEW APPLICATION **RENEWAL APPLICATION**

APPLICATION DATE YEAR _____ MONTH _____ DAY _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CAMPGROUND STREET ADDRESS – IF DIFFERENT THAN BUSINESS ADDRESS

PROPERTY LEGAL DESCRIPTION _____

CAMPGROUND OPERATOR CONTACT INFORMATION

CONTACT PERSON AT CAMPGROUND _____

PHONE _____ CELL _____

EMAIL _____ FAX _____

ALTERNATE CONTACT PERSON _____

PHONE _____ CELL _____

EMAIL _____ CELL _____

LANDOWNER(S) IF DIFFERENT FROM OPERATOR

LANDOWNER NAME(S) _____

LANDOWNER ADDRESS _____

TOTAL NUMBER OF CAMP SITES _____

CHECKLIST OF INFORMATION REQUIRED TO BE SUBMITTED WITH APPLICATION FOR A NEW LICENSE TO OPERATE A CAMPGROUND IN THE TOWN OF SIOUX CREEK, BARRON COUNTY

- A COPY OF THE LAND LEASE (IF APPLICABLE)
- PHOTOS SHOWING PRECONSTRUCTION GROUND SURFACE, SLOPE, ROADS, PATHS AND OTHER NATURAL ASPECTS OF THE LAND
- A SCALED PLAN OR MAP OF THE PROPOSED CAMPGROUND SHOWING 1) THE NUMBER, PLACEMENT OF AND DIMENSIONS OF EACH CAMPSITE, 2) ALL INTERIOR ROADS, PATHWAYS AND VEHICLE PARKING, 3) ALL PUBLIC HIGHWAYS ABUTTING PROPERTY, 4) THE LOCATION, SIZE AND IDENTIFICATION OF ALL SOLID WASTE AND SANITARY WASTE DISPOSAL FACILITIES, 5) THE LOCATION AND SIZE OF ALL GAS LINES, FLAMMABLES STORAGE, PUBLIC TELEPHONES, AND FIRE EXTINGUISHERS, 6) THE LOCATION, SIZE AND IDENTIFICATION OF USE OF ALL FACILITIES AND STRUCTURES ON THE CAMPGROUND, 7) ALL BUFFERS AND SCREENING,
- APPLICATION FEE AS REQUIRED BY ORDINANCE
- PAYMENT OF OTHER COSTS AND EXPENSES INCURRED BY THE TOWN IN THE PROCESSING OF THIS APPLICATION AS REQUIRED BY ORDINANCE
- FINANCIAL ASSURANCE AS REQUIRED BY ORDINANCE

CHECKLIST OF INFORMATION REQUIRED TO BE SUBMITTED WHEN AVAILABLE AT A LATER DATE

- A COPY OF THE CURRENT BARRON COUNTY CAMPGROUND LICENSE
- A COPY OF ANY REQUIRED BARRON COUNTY LAND USE PERMITS
- A COPY OF THE MOST RECENT WISCONSIN DHS 178 INSPECTION REPORT

- PROOF OF COMPLIANCE WITH APPLICABLE SECTIONS OF COMM. 16 OF THE STATE ELECTRICAL CODE AND COMM. 81 – 84 OF THE STATE PLUMBING CODE

CHECKLIST OF INFORMATION REQUIRED TO BE SUBMITTED FOR RENEWAL OF LICENSE

- A COPY OF THE CURRENT BARRON COUNTY CAMPGROUND LICENSE
- A COPY OF THE MOST RECENT COUNTY INSPECTION REPORT
- A COPY OF THE MOST RECENT WISCONSIN DHS 178 INSPECTION REPORT
- PROOF OF ONSITE WASTE TREATMENT SYSTEM (POWTS) MAINTENANCE AS REQUIRED BY BARRON COUNTY AND THE STATE OF WISCONSIN
- APPLICATION FEE AS REQUIRED BY ORDINANCE

NOTICE TO APPLICANT

THE TOWN RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT IN ORDER TO PROCESS THE APPLICATION IN ACCORD WITH TOWN ORDINANCES. THE APPLICANT IS SUBJECT TO COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE TOWN OF SIOUX CREEK CODE OF ORDINANCES.

CERTIFICATION

I (WE) CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ATTACHMENTS AND EXHIBITS ARE COMPLETE, TRUE AND CORRECT. I (WE) FURTHER AGREE TO SUBMIT ADDITIONAL INFORMATION AS MAY BE REQUESTED BY THE TOWN. ALL AS ENUMERATED IN THE TOWN OF SIOUX CREEK ORDINANCE REGULATING THE OPERATION OF CAMPGROUNDS. I (WE) UNDERSTAND THAT PUBLIC HEARINGS OR MEETINGS MAY BE REQUIRED. WE UNDERSTAND INSPECTIONS OF THE PREMISES BY TOWN OFFICIALS OR THEIR DESIGNEES ARE REQUIRED.

APPLICANT SIGNATURE _____

PRINT NAME AND TITLE _____

DATE SIGNED _____

GOVERNMENTAL TRACKING AND APPROVALS

DATE

INITIAL

Application received by Town Clerk _____

Application received by Plan Commission Chair _____

Plan Commission Initial Review _____

Plan Commission Initial Recommendation _____

- Approve
- Conditional Approval
- Deny
- Request Additional Information or Consultant(s)

Additional Information from Applicant _____

Town Board Approval of Consultant (s) _____
If necessary

Consultant(s) Reports Received _____
If necessary

Plan Commission Recommendation _____

- Approve
- Conditional Approval
- Deny

Town Board Sets Date for Public Hearing _____

License Public Hearing _____

Town Board Decision on License _____

- Approve
- Conditional Approval
- Deny

Fees Paid, Financial Assurances Received _____

Conditional Approval Item(s) Complete _____
If required

License Granted _____

ATTACH ALL CORRESPONDENCE AND MINUTES OF ALL PUBLIC HEARINGS AND PUBLIC MEETINGS WHERE THIS APPLICATION WAS DISCUSSED AND/OR MOTIONS CONSIDERED