

LeSUEUR/WASECA BOARD OF HEALTH

Waseca County Public Health Services

1000 W Elm Ave

Waseca, MN 56093

Phone (507) 835-0657

Fax (507) 835-0687

PLAN REVIEW / LICENSE APPLICATION Recreational Camping Area/Manufactured Home Park

Notice to all applicants: Minnesota Statutes, section 270.72, subd. 4, requires you to supply your Minnesota business tax identification number and your social security number. Minnesota Statutes section 176.182 also requires information regarding workers' compensation insurance. All data submitted in this application are public data except the individual's Social Security Number, which is private.

Applicant/Owner Information:

MN Business Tax Identification # _____

Primary Owner Name _____
(if corporation or partnership, attach a separate sheet with the name & address of the officers.)

Designated Mailing Address: _____
Street/PO Box City State Zip

Owner Social Security # _____ Telephone _____

Establishment information:

Establishment Name _____

Caretaker Name _____

Establishment Location _____
Street City State Zip

Dates of Operation _____

Type of Water Supply (check one) Private Well Water Municipal Water Supply

Type of Sewage Treatment (check one) Private Sewage System Municipal Treatment

Number of Sites applied for :

_____ *Dependent Camp Sites* _____ *Independent Camp Sites*

(tent or RV sites without sewer connections) (sites with sewer connections)

Is there food and/or beverage service, lodging rooms/cabins, or a public pool anticipated?

No

Yes (enclose separate license applications)

Please provide site plan diagram for establishment including locations of public restrooms, water supply, sewer hook-ups, and/or dumpsites. Site plan must show land are, sites proposed (site #1, #2, etc.) and dimensions of sites. If public buildings (i.e., restrooms, showers) are to be constructed, plans for these must also be submitted.

