

# TEMPORARY CAMPS

## GUIDEANCE PACKET AND APPLICATION

CHAPTER 8.64



County of San Luis Obispo, Environmental  
Health Services

2156 Sierra Way, San Luis Obispo, CA 93401

Phone: (805) 781-5544, Fax (805) 781-4211

[www.slopublichealth.org/eh](http://www.slopublichealth.org/eh)

**APPLICATION AND GUIDANCE PACKET**

**TEMPORARY CAMP-A SITE WHERE CAMPING ACTIVITIES OCCUR FOR MORE THAN 48 CONSECUTIVE HOURS AND LESS THAN 13 CONSECUTIVE DAYS, AND WHERE SAID CAMPING ACTIVITIES INVOLVE 100 OR MORE PEOPLE AT ANY TIME.**

It is unlawful for any person to maintain, permit, allow or conduct a temporary camp, as defined in this chapter, in the unincorporated area of the county, unless said person shall first obtain a permit from the health officer to maintain, permit, allow or conduct such a temporary camp.

Application for a permit to maintain, permit, allow or conduct a temporary camp shall be made in writing to the health officer, accompanied by a nonrefundable application fee.

No such permit shall be issued, however, until all of the conditions required by this chapter as a **prerequisite** to the issuance of such a permit have been fully complied with.

**PROVIDE WRITTEN AGREEMENT, SIGNED BY ALL OWNERS OR LESSEES PERMITTING THE USE OF THE SITE FOR TEMPORARY CAMP AND FOR PARKING**

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**THE FOLLOWING INFORMATION SHALL BE PROVIDED AS PART OF THE APPLICATION PACKAGE:** (If more space is needed, please attach additional pages)

LOCATION/PREMISES TO CONDUCT CAMP: \_\_\_\_\_

DESCRIPTION OF CAMP: \_\_\_\_\_

AREA ON THE PREMISES ON WHICH IS PLANNED TO CONDUCT THE TEMPORARY CAMP: \_\_\_\_\_

AREA TO BE USED FOR PARKING: \_\_\_\_\_

MINIMUM AND MAXIMUM NUMBER OF CAMPERS AND OTHER: \_\_\_\_\_

**PROVIDE A DESCRIPTION OF THE APPLICANT'S PROGRAM AND PLANS FOR:**

WATER SUPPLY AND FACILITIES: \_\_\_\_\_

FOOD SUPPLY AND FACILITIES: \_\_\_\_\_

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SANITATION FACILITIES (including but not limited to sewage, garbage, rubbish): \_\_\_\_\_  
\_\_\_\_\_

MEDICAL/FIRST AID ASSISTANCE: \_\_\_\_\_  
\_\_\_\_\_

VEHICLE ACCESS AND PARKING SPACE: \_\_\_\_\_  
\_\_\_\_\_

WILL THERE BE SOUND EQUIPMENT/LOUDSPEAKERS:  YES  NO

If yes, provide the intensity of the sound in decibels at the property line: \_\_\_\_\_ dB

PROVIDE THE PROVISIONS FOR CLEANUP OF THE PREMISES AND REMOVAL OF LETTER AFTER THE TEMPORARY CAMP HAS CONCLUDED: \_\_\_\_\_  
\_\_\_\_\_

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**SITE MAP**

Provide a copy of white background print of a map (to scale) showing:

- PROPERTY LOCATION ON WHICH THE TEMPORARY CAMP IS PLANNED TO OCCUR
- THE LOCATION OF THE PARKING AREA
- AREA FOR OTHER USES INCIDENTAL TO THE TEMPORARY CAMP
- POINTS OF ACCESS TO THE PROPERTY

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**HEALTH, SAFETY, AND WELFARE REQUIREMENTS:**

**TOILET FACILITIES**-Applicant shall provide toilet facilities on the basis of one toilet for every forty persons. Toilet must be positioned within four hundred feet of each campsite and must be cleaned at least once a day.

**PARKING AREA**-Applicant shall provide parking spaces equal to one-fourth of the maximum number of attendees of the temporary camp. The parking area shall be free of flammable material.

**ACCESS WAYS**-Applicant shall provide exterior and interior access ways at the caps site and parking area for participants and emergency vehicles.

**SOLID WASTE DISPOSAL**- Applicant shall have an adequate plan for storage, collection and disposal of garbage, trash and refuse. Site must be returned to litter-free conditions within 72 hours after the camp activity is concluded.

**SITE RESTORATION GUARANTEE**-Applicant shall produce a bond or cash deposit when the temporary camp will involve five hundred or more people at any time. The bond is to guarantee litter abatement after use. The guarantee shall be posted with the County Health Officer, with the County of San Luis

Obispo as the beneficiary. The amount shall be equal to the actual cost to remove and dispose of litter caused by the temporary camp activity at the camp site, parking area, and adjacent areas.

**DUST CONTROL**-Applicant shall use standard methods of dust control as approved by the health officer.

**MEDICAL COVERAGE**- Applicant shall make adequate plans for medical coverage of the temporary camp participants and any other persons attending the camp.

**NOISE**-Exterior noise standards shall apply to the temporary camp activity.

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Applicant shall notify the Health Officer in writing of any changes in the facts set forth in the application and accompanying documentation within five (5) days after such changes.

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO**  
**APPLICATION FOR HEALTH PERMIT – “TEMPORARY CAMPS”**  
2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406 – (805) 781-5544

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**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

**Temporary Camp:** Site where camping activity occurs for more than 48 consecutive hours and less than 13 consecutive days for 100 or more people at any time.

**APPLICANT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CAMP SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES OF CAMP: \_\_\_\_\_ NUMBER OF PEOPLE: \_\_\_\_\_

**APPLICANT’S LEGAL NATURE:**

Individual  
(owner)

Partnership  
(list all partners)

Corporation  
(list all officers)

Joint Venture  
(list each member)

List Here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY OWNER INFORMATION IF DIFFERENT THAN APPLICANT:**

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

Property owner permitting the use of the premises \_\_\_\_\_

(Owner signature)

**DO NOT WRITE BELOW THIS LINE**

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**COMPUTER INFORMATION**

RECORD ID# \_\_\_\_\_ ELEMENT # 2445 INITIALS \_\_\_\_\_

AMOUNT DUE \_\_\_\_\_ ( ) PAID ( ) CASH ( ) CHECK# \_\_\_\_\_ ( ) CREDIT

AUTHORIZATION # \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VALIDITY PERIOD: \_\_\_\_\_ - \_\_\_\_\_