**PUBLIC HEALTH ACT 1936 – SECTION 269**

**CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960**

APPLICATION FOR CAMPSITE LICENCE

1. **Applicant Details**

|  |  |
| --- | --- |
| Name of applicant (person to transfer the licence to)[individual / partnership / company] |  |
| Address of applicant (if a company, provide the address of the registered office) |  |
| Telephone number |  |
| Mobile number |  |
| Email address |  |

**I hereby apply for a licence under section 269 of the Public Health Act 1936 authorising the use as a site for moveable dwellings on the land within your District occupied by me/us at:**

1. **Site Details**

|  |  |
| --- | --- |
| Name of campsite site |  |
| Site address & postcode |  |
| Site phone number(s) |  |
| Site email address |  |
| Applicant’s interest in land (inc. proof of ownership, tenancy, lease etc.) |  |
| Area of site (acres or hectares) |  |
| Maximum proposed number of tents/touring caravans at any one time |  |

1. **Type of Licence Required**

|  |  |
| --- | --- |
| Tick all that apply: | Tents ☐ Touring caravans/motorhomes ☐  |
| New campsite licence |  Yes ☐  |
| Transfer of existing campsite licence |  Yes ☐ specify licence number: |
| Variation of existing site licence |  Yes ☐ specify licence number:  |
| What will the period of operation be? (specify dates) |  |

1. **Electricity Supply**

|  |  |
| --- | --- |
| Are there electric hook-ups | Yes ☐ No ☐  |
| If yes, how many? |  |
| Do you have a NICEIC / IEE Certificate? |  |

1. **Toilet Facilities**

|  |  |  |
| --- | --- | --- |
|  | Male | Female |
| Number of WCs |  |  |
| Wash hand basins |  |  |
| Hot and cold water to wash hand basins |  |  |
| Urinals |  |  |

1. **Cleaning Closets**

|  |  |
| --- | --- |
| Is there an Elsan point? | Yes ☐ No ☐  |
| If yes, will there be a dedicated water supply? | Yes ☐ No ☐  |
| Refuse disposal arrangements: |  |

1. **Water Supply**

|  |  |
| --- | --- |
| Will all pitches be within 90m of a drinking water standpoint? | Yes ☐ No ☐  |
| How is drinking water supplied? | Mains ☐ Private water supply ☐  |
| If private water supply, give details: |  |
| Are gullies present at the water points? | Yes ☐ No ☐  |
| Are soakaways present at the water points? | Yes ☐ No ☐  |

1. **Fire Points**

|  |  |
| --- | --- |
| Number of fire points you have |  |
| What is the average distance from the tents? |  |
| Please specify the equipment available at each fire point |  |
| Will campfires be allowed? | Yes ☐ No ☐  |

1. **Planning Permission**

|  |  |
| --- | --- |
| Do you have planning permission? | Yes ☐ No ☐  |
| Please provide details (issuing authority, reference, date of permission, any limitations?) |  |
| Date (if any) on which permission will expire |  |

1. **Supporting Information**

|  |  |
| --- | --- |
| Please detail the funding arrangements in place for managing the site and complying with the site licence conditions: |  |
| Please explain the management structure that will apply to the site, including the competence of the proposed licence holder and any other person nominated to manage the site; and any other person nominated to manage the site |  |
| Have you held a site licence which has been revoked at any time in the last 3 years?  | Yes ☐ No ☐ If yes, give details: |
| Have you, or any person named in or associated with this application, previously applied for a similar licence (check all that apply)  | No ☐Yes ☐ – application grantedYes ☐ – application granted and revokedYes ☐ – application refused |
| You will have to submit a scale layout plan approved by the local authority along with this application, showing the boundaries of the site, position of tent pitches and where appropriate:* Roads and footpaths
* Any other building (stores and other buildings etc)
* Foul and surface water drainage
* Water supply points
* Recreation spaces
* Fire points
* Parking spaces

The plan must distinguish between facilities already provided and facilities proposed. |
| A full fire risk assessment must accompany the application (if more than one caravan on the site). |

1. **Checklist and Declaration**
* I have completed this form fully, and the information provided it true to the best of my knowledge
* I have included a scale layout plan of the site
* I have included a fire risk assessment for the site

|  |  |
| --- | --- |
| Signed: |  |
| Name (please print) |  |
| Date: |  |

**When completed, please send this form and supporting documents to:**

Email – eandr@nfdc.gov.uk

Post – Environmental Health, New Forest District Council, Appletree Court, Beaulieu Road, Lyndhurst, SO43 7PA

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