



Chester County Health Department
 Bureau of Environmental Health Protection
 601 Westtown Road, Suite 288, PO Box 2747
 West Chester, PA 19380-0990
 Phone 610-344-5938 FAX 610-344-5934
www.chesco.org/food

APPLICATION FOR PLAN REVIEW OF NON-FOOD SERVICE FACILITY

The Chester County Health Department Rules and Regulations require that properly prepared plans and specifications be submitted to and approved in writing by this Department before the commencement of construction, remodeling, alteration or conversion of:

- Campgrounds and Organized Camps (Chapter 400§402.1.3.1.)
- Mobile Home Parks (Chapter 400§403.4.1.)
- Institutions (Chapter 400§404.1.3.1.)
- Schools (Chapter 600§601.3.1.)
- Child Day Care Centers (Chapter 400§406.2.3)

*****If food service facilities will be part of the proposed facility type mentioned above, an *Application for Food Facility Plan Review* should be completed instead of this form.*****

Please complete all information and submit to the Department.

- If renovations or construction will take place, an application fee of **Two Hundred Fifty Dollars (\$250.00)** must be submitted along with the application and plans.
- For changes in ownership where no construction or remodeling has taken place, an application fee of **Fifty Dollars (\$50.00)** must be submitted along with the application.

Make check or money order payable to the "Treasurer of Chester County".

SECTION 1

PURPOSE OF THE PLAN REVIEW

PLEASE CHECK ANY THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Construction of a New Facility | <input type="checkbox"/> Conversion of an Existing Structure for Use as a New Facility |
| <input type="checkbox"/> Remodel of an Existing Facility | <input type="checkbox"/> Change of Ownership for an Existing Facility |
| <input type="checkbox"/> Change of Type of Facility | <input type="checkbox"/> Other, Describe |

SECTION 2

FACILITY INFORMATION

PROPOSED NAME OF FACILITY: _____

PHYSICAL LOCATION OF FACILITY: _____

Street	City	State	Zip Code
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Municipality (Borough, City, Township)	Tax Parcel Number
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Phone Number	Fax Number
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BUSINESS DESIGNATION OF PROPOSED OPERATOR: _____

CONTACT PERSON: _____

MAILING ADDRESS (Where review letters are to be sent):

Street	City	State	Zip Code
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Phone Number	Fax Number
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Email Address	Cell Phone Number or Alternate Phone Number
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FOR DEPARTMENTAL USE ONLY

Amount Paid: _____ Date Rec'd _____ Rec'd By _____ Receipt # _____ ID # _____

SECTION 3

FACILITY INFORMATION

TYPE OF FACILITY (Check all that apply):

- Campground Organized Camp Mobile Home Park
 Institutions Schools

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)

- Monday Time _____ Friday Time _____
 Tuesday Time _____ Saturday Time _____
 Wednesday Time _____ Sunday Time _____
 Thursday Time _____

SECTION 4

CONSTRUCTION

Anticipated time frame for start and completion of construction: _____

Brief description of the proposed construction or change:

SECTION 5

FACILITY PLANS & SPECIFICATIONS

All facilities, except for a change of ownership for an existing facility where no physical changes will be made to the facility, must submit, where applicable, information related to the grounds; buildings; equipment; sewage disposal; water supply (including plumbing layout); garbage, refuse, and solid waste storage and disposal; and any other information which may be required by the Department.

PLAN PREPARED BY: _____

DATE OF PLANS: _____ LAST REVISED DATE: _____

SECTION 6

WATER AND SEWAGE INFORMATION

WATER: The proposed or existing water source for the facility: (Check which one applies)

- Municipal or Public Utility Supply. Name of Supplier: _____
 On-Site Drilled Well. These water supplies must be approved by the Department after conforming to the construction, maintenance, and operation requirements of the PA Safe Drinking Water Act (25 Pa. Code Chapter 109).

SEWER: The proposed or existing sewerage system for the facility: (Check which one applies)

Municipal/public sewage disposal system. Name of Sewage Authority : _

New or expanding facilities proposing to connect to or increase flows to municipal/public sewage disposal systems must obtain PA Sewage Facilities Planning Approval from the PA Department of Environmental Protection's (DEP) Water Management Program. Contact DEP's Southeast Regional Office at 484-250-5900 to see what steps are required to gain this approval and obtain an approval letter. A copy of the DEP approval letter must be submitted to this Department.

An on-lot sewage disposal system (ex. sand mounds, holding tanks). On-lot sewage disposal systems must be approved by a Department Sewage Enforcement Officer.

SECTION 7

ZONING AND OTHER CODES

Facility plan review as set forth here does not remove the necessity for obtaining Municipal Building Permits, Zoning Permits, or both.

SECTION 8

FACILITY OPENING

Anticipated date of opening of the facility or completion of remodeling of the facility: _____
Please note: If the facility is performing construction in phases which require additional inspections to open areas for use, an additional fee of \$100.00 may be charged per phase in addition to any licensing application fees.

SECTION 9

- Please allow thirty days for processing of your plan review from the date received by this Department.
- Failure to supply all requested information may result in a delay in the plan approval and the opening of your facility.
- You will be sent a letter via USPS with your approval, request for additional information, or denial of this plan.

By signing this application, I certify that all information on this application, floor plan, and any other requested materials is accurate and true to the best of my knowledge.

Signature, Title

Date