



**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](http://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.)

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**\*\*\*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.\*\*\***

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**Complete all information and submit to the Department. A fee of One Hundred Seventy-Five dollars (\$175) 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.

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**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: \_\_\_\_\_.

**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