BUCKS COUNTY DEPARTMENT OF HEALTH

Plan Review Application for Recreational Areas, Schools, Camps, Campgrounds, and Mobile Home Communities

The Bucks County Department of Health requires that a properly prepared application, fee, plans and specifications for the construction, addition and remodeling/alteration of the above mentioned facilities, be submitted and approved by the Department prior to commencing construction on these facilities.

NOTE: Plan review application fees do <u>not</u> cover the cost of filing an appropriate facility application to operate one of these facilities with the Bucks County Department of Health. Mail check or money order payable to: Bucks County Department of Health (see current fee schedule).

Date	ID#	Fee Submitted \$	Municipality
Name of Facilit	ty		
Address			
Facility Owner	's Name		Daytime Phone #
Mailing Addres	SS		
Name of Plan [Designer (if not the ow	ner)	Phone #
	or and Site Plans of the ore this Department ca		must accompany the plan review application cessary review.
Type of Facility	y		
	Camp/Campgrou	Ind	Recreation Area
	☐ Mobile Home Co	mmunity	School
Project Type	🗌 New 🗌 Renov	ation Project	Addition
Provide a brief	description of the pro	posed project: _	

Plan Review Application for Non-Food Facilities

Construction:		
Tentative Starting Date		Tentative Completion Date
Name of Solid Was	te Hauler	
Name of Sewage D	isposal Hauler (if necessary)
Water Supply: (ch		block(s)) ty's Name
		Proposed Well
Depth of Well		Gallons per Minute
(Submit water t	est results as re	quired by this Department and the PA Safe Drinking Water Act)
Sewage Disposal:	(check appropri	ate block)
Municipal	Sewer Authority's Name:	
On-Site Sewag	ge Disposal	
(Subr	nit a copy of the	on-lot sewage permit and design to the Department)
Packaged Treat	atment Plant (NF	PDES Permit)

NOTE: Other Municipal Bureaus and State Agencies may require you to obtain appropriate permits and licenses. Please check with your local Municipality.

Please attach appropriate fee to this Plan Review Application and mail to the Department's District office that is in the area where your facility will be located.

Bucks County Department of Health Neshaminy Manor Center 1282 Almshouse Road Doylestown, PA 18901 215-345-3336

Bucks County Department of Health Bucks County Government Services Center 7321 New Falls Road Levittown, PA 19055 267-580-3510

Bucks County Department of Health Bucks County Government Services Center 261 California Road Quakertown, PA 18951 215-529-7000