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 not 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 Facility ______ Address _______ Facility Owner's Name _____ Daytime Phone #____ Mailing Address Name of Plan Designer (if not the owner) _____ Phone # NOTE: Floor and Site Plans of the proposed facility must accompany the plan review application before this Department can complete the necessary review. Type of Facility School Camp/Campground ☐ Recreation Area ■ Mobile Home Community Project Type New Renovation Project Addition Provide a brief description of the proposed project:

PLAN REVIEW APPLICATION FOR NON-FOOD FACILITIES

| Construction: |
|---|
| Tentative Starting Date / / Tentative Completion Date / / |
| Name of Solid Waste Hauler |
| Name of Sewage Disposal Hauler (if necessary) |
| Water Supply: (check appropriate block(s)) Municipal Water Authority's Name |
| ☐ On-Site Well ☐ Existing ☐ Proposed Well |
| Depth of Well Gallons per Minute (Submit water test results as required by this Department and the PA Safe Drinking Water Act) |
| Sewage Disposal: (check appropriate block) |
| Municipal Sewer Authority's Name: |
| ☐ On-Site Sewage Disposal |
| (Submit a copy of the on-lot sewage permit and design to the Department) |
| Packaged Treatment Plant (NPDES 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 215-345-3318

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