

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**