



DELAWARE COUNTY HEALTH DEPARTMENT INSTITUTION PLAN REVIEW APPLICATION – SCHOOL, DAYCARE, HOSPITAL, & LONG-TERM CARE

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

Facility Name:		
Facility Street Address:	Facility City, Zip Code:	Municipality:
Facility Telephone:	Facility E-mail:	Type of Institution:
Owner (Sole Proprietor, LLC, Inc):	Owner Street Address:	Owner City, Zip:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
Architect:	Architect Street Address:	Architect City, Zip Code:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
Contractor:	Contractor Street Address:	Contractor City, Zip Code:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:

All facilities that prepare or serve food in Delaware County are required to have a valid Food Facility License issued by the Department. If the facility does not have a Food Facility License Number, a separate Food Facility Plan Review is required.

Food Facility License Number: _____ Expiration Date: _____



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Total Sq Ft of the Property:	
Total Number of Buildings on Property:	
Water Supply: (Municipal or Well)	
If facility is supplied by <u>well water</u> , provide the Permit # and last inspection date	
Sewage Disposal: (Municipal or Septic)	
If facility is using <u>septic sewage disposal</u> , provide the Permit # and last inspection date	
Solid and Liquid Waste: Provide the name, address, and contact information of the company that will be providing solid and liquid waste disposal	
Biological Waste Disposal: If the facility will be disposing of biological waste, provide the name, address, and contact information of the company that will be providing biological waste disposal	
Pest control Name of Pest Control Company and frequency of service	
Refuse Name of trash hauler and frequency of service	
Public Notification Attach policy on public notification of Illness outbreaks	

Provide plans that are a minimum of 11 x 14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. Plans are required for each building associated with the Plan Review.

Plans must include:

- Location of solid waste collection/temporary storage
- Location of biological waste collection/temporary storage

All equipment within the facility must meet DCHD and local municipality requirements.



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Person to contact regarding inspections, maintenance, or emergencies, if different from licensee.

Name:	Telephone:	E-mail:
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

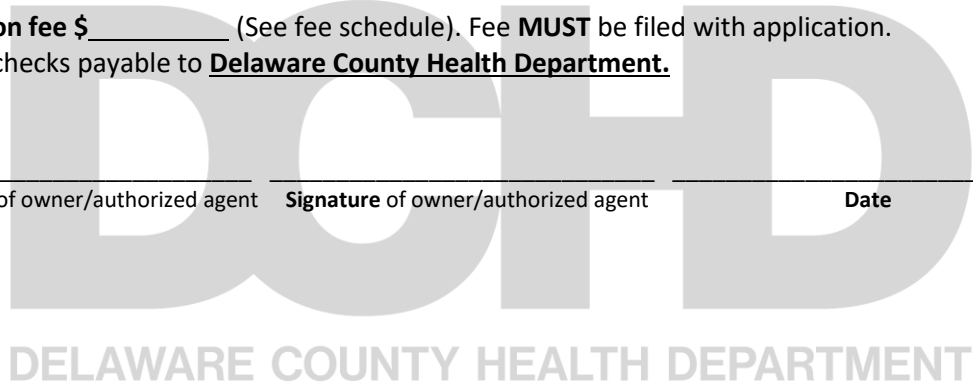
Signature:	Date:
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✓	Type of Plan Review Requested	Fee
	Institution Plan Review ≤ 10,000 Square Feet	\$237
	Institution Plan Review > 10,000 Square Feet	\$285

Note - the applicant assumes responsibility for obtaining any permits that may apply to the construction and/or development of the institution.

Application fee \$_____ (See fee schedule). Fee **MUST** be filed with application.
Make all checks payable to **Delaware County Health Department.**

Print name of owner/authorized agent Signature of owner/authorized agent Date



TO BE COMPLETED BY EHS ONLY

Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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Checklist

1. Obtain an application from the Delaware County Health Department (DCHD) [website](https://www.delcopa.gov/health/environmentalhealth.html)
(<https://www.delcopa.gov/health/environmentalhealth.html>)
Please use the Institution Plan Review Application
2. Complete the application (please type or print legibly to prevent delays)
3. Provide supporting documentation:
 - Most recent license issued by DCHD or local Delaware County municipality
 - If the Facility has a Pool/Spa, a copy of a valid Pool/Spa Certificate issued by the DCHD
 - If the Facility serves food, a copy of a valid Food License issued by the DCHD
 - Provide plans that are a minimum of 11 x 14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. Plans are required for each building associated with the Plan Review. Plans must include:
 - Location of solid waste collection/temporary storage
 - Location of biological waste collection/temporary storage
4. Required fee- check, money order, or credit card payments are accepted
See fee schedule
5. Submit application packet and fee to DCHD:
 - Hand-deliver Monday-Friday 8:30 AM - 4:30 PM:
1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
 - Mail:
Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
Phone: 484-276-2100