



## DELAWARE COUNTY HEALTH DEPARTMENT ORGANIZED CAMP/CAMPGROUND PLAN REVIEW APPLICATION

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

### TYPE OF PROJECT

- ☐ Recreation Camp (RC)  
☐ Recreational Vehicle Park (RVP)  
☐ Combined Park Camp (CPC)

<b>Facility Name:</b>					
Facility Street Address:		Facility City, Zip Code:		Municipality:	
Facility Telephone:		Facility E-mail:		Project Completion Date:	
Owner (Sole Proprietor, LLC, Inc):		Owner Street Address:		Owner City, Zip:	
Contact Person Name & Title:		Contact Person Telephone:		Contact Person E-mail:	
<b>Architect:</b>		Architect Street Address:		Architect City, Zip Code:	
Contact Person Name & Title:		Contact Person Telephone:		Contact Person E-mail:	
<b>Contractor:</b>		Contractor Street Address:		Contractor City, Zip Code:	
Contact Person Name & Title:		Contact Person Telephone:		Contact Person E-mail:	
<b>Number of Sites</b>	Number of existing sites:	Number of sites proposed:	Total number of sites:		
<b>Sewerage System</b> (Check all the apply)	<input type="checkbox"/> DCHD approved <input type="checkbox"/> Dump Station(s) <input type="checkbox"/> Sewage Hauler- PA DEP #: _____				
<b>Water Supply</b> (Public or Private)	a. Public Water Supply (PWS) (approved by DCHD) <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other: _____ PWS name: _____				
	b. Private Water Supply (approved by DCHD) <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Other: _____				



# DELAWARE COUNTY HEALTH DEPARTMENT ORGANIZED CAMP/CAMPGROUND PLAN REVIEW APPLICATION

<b>TYPE OF DEVELOPMENT</b> (choose one)	✓
<b>Substantial Alteration limited in scope:</b> Any alteration to the campground that does not result in the movement or addition of any permanently placed facility, gray water recycling system, roadway, dump station, water connection or sewerage system.	
<b>Substantial Alteration not limited in scope:</b> Some examples include expansion of campgrounds, movement of sites and adding or replacing gray water facilities.	
<b>New or Existing Campground:</b> New campgrounds are those that are being newly constructed. Existing campgrounds are those that are in operation but the license/permit is expired.	

## Checklist

- Complete and sign the Organized Camp/Campground Plan Review Application (type or print legibly)
- Provide supporting documentation:
  - ☐ Copy of most recent Permit
  - ☐ Site Evaluation Report, to be completed and signed by the Local Regulatory Authority
  - ☐ Written verification by the fire protection authority that has jurisdiction in the area that adequate fire protection can be provided to the campground
  - ☐ If providing food service, copy of most recent food license \*Separate Food Facility License is required
  - ☐ Plans that are a minimum of 11 x 14 inches in size, including the layout accurately drawn to a minimum scale of ¼ inch = 1 foot. Plans must include:
    - ☐ Layout of Camp/Campground
    - ☐ Plot plan showing location, number, and size of sites
    - ☐ Internal access or campground roads
    - ☐ Detail of water supply
    - ☐ Detail of sewerage system
    - ☐ Detail of water and sewer hookup at individual sites
    - ☐ Method and layout of electrical distribution system including individual service connections
    - ☐ Location of bathing places
    - ☐ Location, number, and type of toilet facilities
    - ☐ Location, number, and details of gray water recycling system
    - ☐ Location, number, and details of dump station(s)
    - ☐ Variance or waiver requests (if needed) must be received by DCDH for review
- Submit application packet to DCHD:
  - Email pdf documents to: [environmental@co.delaware.pa.us](mailto:environmental@co.delaware.pa.us)
- Required fee- online credit card payments are accepted once application is received.
  - Fee payment instructions will be provided via email



## DELAWARE COUNTY HEALTH DEPARTMENT ORGANIZED CAMP/CAMPGROUND PLAN REVIEW APPLICATION

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

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

✓	Type of Plan Review Requested	Fee
	Organized Camp/Campground Plan Review	\$237
	Turn-Key Operation	\$47

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

Application is hereby made for permit to operate a Camp/Campground in Delaware County. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of permit. Also, you agree that the establishment will comply with the Delaware County Public Health Code.

\_\_\_\_\_  
**Print** name of owner/authorized agent

\_\_\_\_\_  
**Signature** of owner/authorized agent

\_\_\_\_\_  
**Date**

DELAWARE COUNTY HEALTH DEPARTMENT

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: