



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:

Timeline

Anticipated start of construction: _____ Anticipated completion of construction: _____
Anticipated date of opening: _____

Water and Sewage Information*

Water: The proposed or existing water source for the facility: (select only one)

- ☐ Municipal or Public Utility Supply Name of Supplier: _____
☐ On-Site Drilled Well. These water supplies must be approved by the Department after conforming to the construction, maintenance, and operation requirements of the PA Safe Drinking Water Act. Contact the DCHD Sewage Enforcement Officer for more information.

Sewer: The proposed or existing sewerage system for the facility: (select only one)

- ☐ Municipal/public sewage disposal system Name of Sewage Authority: _____
☐ An on-lot sewage disposal system. On-lot sewage disposal systems must be approved by a Department Sewage Enforcement Officer.



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Facility Details

Total Square Footage of Property*: _____

Total Number of Buildings on Property*: _____

Pest Control Service Company: _____

Service Frequency: _____ time(s) per month

Refuse Collection Company*: _____

Collection Frequency: _____ time(s) per week

Additional Waste Collectors (Hazardous Waste, Cooking Oil Recycler, Etc.)

Company Name: _____

Service Provided: _____ Collection Frequency: _____ time(s) per week

Company Name: _____

Service Provided: _____ Collection Frequency: _____ time(s) per week

Company Name: _____

Service Provided: _____ Collection Frequency: _____ time(s) per week

Does the facility have a pool or spa?*: ☐ No ☐ Yes

If yes, enter Public Bathing Place Certificate of Registration #: SP-_____

If new facility, Public Bathing Place Certificate of Registration is required.

Does the facility serve food?*: ☐ No ☐ Yes

If yes, enter Food License #: FS-_____

If new facility, Food Facility Plan Review and License Applications are required.

Plans

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:
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:

✓	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.

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. Complete and sign the Institution Plan Review Application (type or print legibly)
2. Provide supporting documentation:
 - ☐ Copy of most recent Certification
 - ☐ If food service is provided, copy of the most recent Food License
 - ☐ If a pool or spa is provided, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD
 - ☐ 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
3. Submit application packet to DCHD:
 - Email pdf documents to: environmental@co.delaware.pa.us
4. Required fee- online credit card payments are accepted once application is received
 - Fee payment instructions will be provided via email

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