

**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.

<b>Facility Name:</b>		
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:
<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:

**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.

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

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  $\frac{1}{4}$  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.



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

**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:

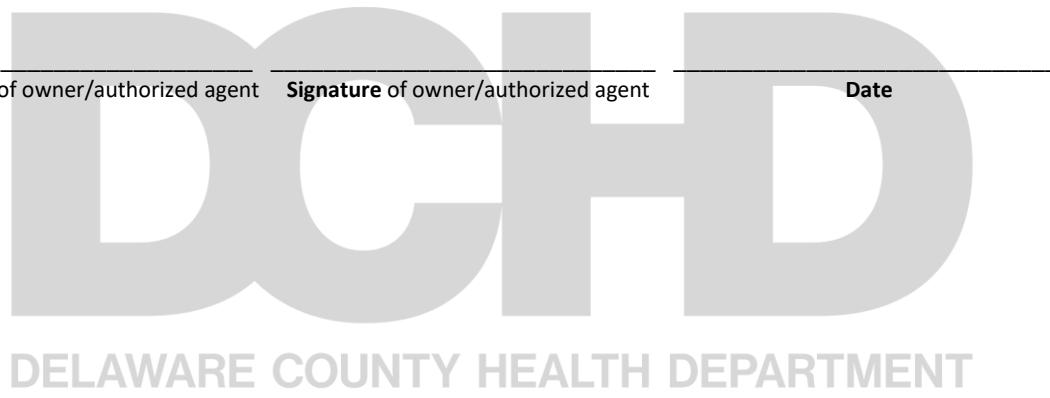
✓	Type of Plan Review Requested	Fee
	Institution Plan Review ≤ 10,000 Square Feet	\$237
	Institution Plan Review > 10,000 Square Feet	\$285

***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:

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

**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  $\frac{1}{4}$  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](mailto: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