

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
	Pagraption Comp (PC)
_	Recreation Camp (RC)
	Recreational Vehicle Park (RVP)
	Combined Park Camp (CPC)

Facility Name:					
Facility Street Address:		Facility City, Zip Code:		Municipality:	
Facility Telephone:		Facility E-ma	il:	Project Completion Dat	e:
Owner (Sole Proprietor, LL	C, Inc):	Owner Street Address:		Owner City, Zip:	
Contact Person Name & Ti	tle:	Contact Person Telephone:		Contact Person E-mail:	
Architect:		Architect Street Address:		Architect City, Zip Code	:
Contact Person Name & Ti	tle:	Contact Person Telephone:		Contact Person E-mail:	
Contractor: DELAWARI		Contractor Street Address:		Contractor City, Zip Cod	le:
Contact Person Name & Ti	tle:	Contact Person Telephone:		Contact Person E-mail:	
Number of Sites	Number of exis	sting sites:	Number of sites proposed:	Total number of si	tes:
Sewerage System (Check all the apply)	☐ DCHD approved ☐ Dump Station(s) ☐ Sewage Hauler- PA DEP #:				<u></u>
	a. Public Water Supply (PWS) (approved by DCHD)				
(Public or Private)		☐ Well ☐ Oth		VS name:	
·			roved by DCHD)		
		Cistern Oth			



DELAWARE COUNTY HEALTH DEPARTMENT ORGANIZED CAMP/CAMPGROUND PLAN REVIEW APPLICATION

TYPE OF DEVELOPMENT (choose one)	✓
Substantial Alteration limited in scope:	
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.	
Substantial Alteration not limited in scope:	
Some examples include expansion of campgrounds, movement of sites and adding or replacing gray water facilities.	
New or Existing Campground:	
New campgrounds are those that are being newly constructed. Existing campgrounds are those that are in operation	
but the license/permit is expired.	

but the license/permit is expired.
Each application must include the following prior to the submission and review:
☐ Signed Organized Camp/Campground Plan Review Application
lacksquare 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
Required fees
☐ If providing food service provide a copy of most recent food license issued by DCHD or Local Delaware County Municipality * 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 $\frac{11}{10}$ 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
lacksquare Detail of water and sewer hookup at individual sites
lacksquare Method and layout of electrical distribution system including individual service connections
Location of bathing places
lacksquare Location, number, and type of toilet facilities
lacksquare Location, number, and details of gray water recycling system
lacksquare Location, number, and details of dump station(s)
lacksquare Variance or waiver requests (if needed) must be received by DCDH for review



DELAWARE COUNTY HEALTH DEPARTMENT ORGANIZED CAMP/CAMPGROUND PLAN REVIEW APPLICATION

Person to contact i	egarding inspect	ions, maintenance, or emergend	cies, if different from owner.		
Name:		Telephone:	E-mail:		
-		 zed representative of the facility list provided is a true and accurate state	ed above, and agree to abide by the rule ement of the facts.	es that	
Signature:			Date:		
√	Type of Plan Review Requested				
	und Plan Review			\$237	
Change of Own	ership/Turn-Key	Operation		\$47	
Application is herebapplication, you cer submission of false	y made for permit tify that the facts s or misleading infor ent will comply wit		Delaware County. By signing this and correct, understanding that the revocation of permit. Also, you agree		
		TO BE COMPLETED BY EHS ONLY	,		
Fee Due:	Pay	ment Method:	Payment Date:		
EHS Approval Sign:	EH:	S Approval Name:	Approval Date:		