



## 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
<input type="checkbox"/> Recreation Camp (RC)
<input type="checkbox"/> Recreational Vehicle Park (RVP)
<input type="checkbox"/> 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   Other: _____		



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<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.	

**Each application must include the following prior to the submission and review:**

- Signed Organized Camp/Campground Plan Review Application
- 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 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



## 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
	Park/Campground Plan Review	\$237
	Change of Ownership/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 fee \$** \_\_\_\_\_ (See fee schedule). Fee **MUST** be filed with application.  
 Make all checks payable to **Delaware County Health Department.**

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**

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