

Chester County Health Department
Bureau of Environmental Health Protection

Government Services Center
601 Westtown Road Suite 288
P O Box 2747
West Chester PA 19380-0990
Telephone: 610-344-5938
Fax #: 610-344-5934

APPLICATION FOR FACILITY PLAN REVIEW

PA Act 106 of 2010 and the Chester County Health Department Rules and Regulations, require that a facility licensing applicant or food facility operator in Chester County shall have plans and specifications submitted to for review and approved in writing by this Department before any of the following is begun:

- The construction of a food facility.
- The conversion of an existing structure for use as a food facility.
- The remodeling of a food facility or a change of type of food facility or food operation.
- A change of ownership of a food facility.

Please complete all information and submit to the Department.

- If renovations or construction will take place, an application fee of **Two Hundred Fifty Dollars (\$250.00)** must be submitted along with the application and plans.
- For changes in ownership where no construction or remodeling has taken place, an application fee of **Fifty Dollars (\$50.00)** must be submitted along with the application.
- Farmer's Market Vendors (prepackaged foods only) an application fee of **Fifty Dollars (\$50.00)** must be submitted with application. **Whole, uncut produce is exempt from application fee.**

Make check or money order payable to the "Treasurer of Chester County".

SECTION 1 PURPOSE OF THE PLAN REVIEW

PLEASE SELECT ANY THAT APPLY:

_____ Construction of a New Food facility	_____ Conversion of an Existing Structure for Use as a Food Facility
_____ Remodel of an Existing Facility	_____ Change of Type of Food Facility or Food Operation
_____ Change of Ownership for an Existing Facility	_____ Farmer's Market Vendor
_____ Other, Describe _____	

SECTION 2 FACILITY INFORMATION

PROPOSED NAME OF FACILITY: _____

PHYSICAL LOCATION OF FACILITY:

_____ Street	_____ City	_____ State	_____ Zip Code
_____ Municipality (Borough, City, Township)	_____ Tax Parcel Number		
_____ Phone Number	_____ Fax Number		

BUSINESS DESIGNATION OF PROPOSED OPERATOR: _____

CONTACT PERSON: _____

MAILING ADDRESS (Where review letters are to be sent):

_____ Street	_____ City	_____ State	_____ Zip Code
_____ Phone Number	_____ Fax Number		
_____ Email Address	_____ Cell Phone Number or Alternate Phone Number		

FOR DEPARTMENTAL USE ONLY

Amount Paid: _____ Date Rec'd _____ Rec'd By _____ Receipt # _____ ID # _____

SECTION 3 CONSTRUCTION

Anticipated time frame for start and completion of construction: _____

Brief description of the proposed construction or change:

SECTION 4 FACILITY PLANS & SPECIFICATIONS

All facilities, except for a change of ownership for an existing facility where no physical changes will be made to the facility, must submit a copy of a facility floor plan. This plan must include the basic lay out of the facility; the location of all food service equipment; a listing of the equipment (including manufacturer’s names and model numbers); plumbing and electrical layouts; water and sewer connection locations; toilet room locations and fixtures; lighting schedules; surface finish schedules of floors, walls and ceilings; and site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.). **Please refer to the Department’s “Guidelines for the Submission of Plans for Public Food Service Facilities” for details of what information is to be included in the plan.**

PLAN PREPARED BY: _____

DATE OF PLANS: _____ LAST REVISED DATE: _____

SECTION 5 WATER AND SEWAGE INFORMATION

WATER: The proposed or existing water source for the facility: (Check which one applies)

_____ 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 (25 Pa. Code Chapter 109).

SEWER: The proposed or existing sewerage system for the facility: (Check which one applies)

_____ Municipal/public sewage disposal system. Name of Sewage Authority : _____

New or expanding food facilities proposing to connect to or increase flows to municipal/public sewage disposal systems must obtain PA Sewage Facilities Planning Approval from the PA Department of Environmental Protection’s (DEP) Water Management Program. Contact DEP’s Southeast Regional Office at 484-250-5900 to see what steps are required to gain this approval and obtain an approval letter. A copy of the DEP approval letter must be submitted to this Department.

_____ An on-lot sewage disposal system (ex. sand mounds, holding tanks). On-lot sewage disposal systems must be approved by a Department Sewage Enforcement Officer.

SECTION 6 ZONING AND OTHER CODES

Food facility plan review as set forth here does not remove the necessity for obtaining Municipal Building Permits, Zoning Permits, or both.

