



Chester County Health Department
 Bureau of Environmental Health Protection
 601 Westtown Road, Suite 288, PO Box 2747
 West Chester, PA 19380-0990
 Phone 610-344-5938 FAX 610-344-5934
 www.chesco.org/food

APPLICATION FOR PLAN REVIEW OF LARGE (>10,000 SQ. FT.) NON-FOOD SERVICE FACILITY

The Chester County Health Department Rules and Regulations require that properly prepared plans and specifications be submitted to and approved in writing by this Department before the commencement of construction, remodeling, alteration or conversion of:

- Campgrounds and Organized Camps (Chapter 400§402.1.3.1.)
- Mobile Home Parks (Chapter 400§403.4.1.)
- Institutions (Chapter 400§404.1.3.1.)
- Schools (Chapter 600§601.3.1.)
- Child Day Care Centers (Chapter 400§406.2.3)

*****If food service facilities will be part of the proposed facility type mentioned above, an *Application for Food Facility Plan Review* should be completed instead of this form.*****

Please complete all information and submit to the Department.

- If renovations or construction will take place, an application fee of **Three Hundred Dollars (\$300.00)** 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.

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

SECTION 1 PURPOSE OF THE PLAN REVIEW

PLEASE CHECK ANY THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Construction of a New Facility | <input type="checkbox"/> Conversion of an Existing Structure for Use as a New Facility |
| <input type="checkbox"/> Remodel of an Existing Facility | <input type="checkbox"/> Change of Ownership for an Existing Facility |
| <input type="checkbox"/> Change of Type of Facility | <input type="checkbox"/> 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 7

ZONING AND OTHER CODES

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

SECTION 8

FACILITY OPENING

Anticipated date of opening of the facility or completion of remodeling of the facility: _____
Please note: If the facility is performing construction in phases which require additional inspections to open areas for use, an additional fee of \$100.00 may be charged per phase in addition to any licensing application fees.

SECTION 9

- Please allow thirty days for processing of your plan review from the date received by this Department.
- Failure to supply all requested information may result in a delay in the plan approval and the opening of your facility.
- You will be sent a letter via USPS with your approval, request for additional information, or denial of this plan.

By signing this application, I certify that all information on this application, floor plan, and any other requested materials is accurate and true to the best of my knowledge.

Signature, Title

Date