



DELAWARE COUNTY HEALTH DEPARTMENT MOBILE HOME PARK 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 mobile home communities, be submitted and approved by the Delaware County Health Department prior to commencing construction on these facilities.

Facility Name:		
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:
Architect/Contractor:	Architect/Contractor Street Address:	Architect/ Contractor City, Zip Code:
Contact Person Name & Title:	Contact Person Telephone:	Contact Person E-mail:
Brief description of the proposed project:		
Tentative Start Date:		Tentative Completion Date:
Name of Refuse Disposal Contractor:	Name of Sewage Hauler:	
Frequency of Collection:	Frequency of Collection:	
PA DEP #:		
Water Supply: (check all that apply)		
<input type="checkbox"/> Municipal Sewer Authority: _____ <input type="checkbox"/> On-Site Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Proposed Well Depth of Well: _____ Gallons per Minute: _____		
Submit water test results as required by DCHD and the PA Safe Drinking Act		
Sewage Disposal: (check all that apply)		
<input type="checkbox"/> Municipal Sewer Authority: _____ <input type="checkbox"/> On-Site Sewage Disposal (submit copy of on-lot sewage permit to DCHD) <input type="checkbox"/> Packaged Treatment Plant		



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1. Approved electrical certificate expiration date: _____
2. Are fuel combustion units used in any mobile home vented to the outside? YES NO
3. Is liquefied petroleum gas and bottled gas properly connected by copper or other suitable metallic tubing for all mobile homes? YES NO
4. Are cylinders containing liquefied petroleum gas, bottled gas, or fuel oil located in or under any mobile home, or within five (5) feet of a door thereof? YES NO
5. Is there an electrical outlet supply of at least 110 volts supplied for each mobile home space?
 YES NO
6. Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, at each mobile home unit within the mobile home park?
 YES NO
7. Is there a Public Bathing Place/Pool on site? YES NO
If yes, Pool License #: _____
8. Food Service Provided? YES NO
If yes, Food Facility License #: _____
9. Sewage Disposal:
 On-lot Sewage System Public Sewers Municipal Authority Name _____
10. Refuse/Trash Pick-up Frequency: _____
Name of Hauler: _____
11. Do you plan to expand Mobile Home Community this year?
 YES NO If yes, Plan Review is required.



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

- Signed Plan Review Application for Mobile Home Park
- 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 mobile home community
- Required Fees
- 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 Mobile Home Community
 - Plot plan showing location, number, and size of sites
 - Internal access or mobile home community 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 grey water recycling system
 - Location, number, and details of dump station(s)
 - Variance or waiver requests (if needed) must be received by DCDH for review

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 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:



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✓	Type of Plan Review Requested	Fee
	Mobile Home Park 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 mobile home community.

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 license to operate a Mobile Home Park 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 license. 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: