



# PLAN REVIEW APPLICATION FOR NON-FOOD FACILITIES

## Construction:

Tentative Starting Date \_\_\_ / \_\_\_ / \_\_\_

Tentative Completion Date \_\_\_ / \_\_\_ / \_\_\_

Name of Solid Waste Hauler \_\_\_\_\_

Name of Sewage Disposal Hauler (if necessary) \_\_\_\_\_

## Water Supply: (check appropriate block(s))

Municipal Water Authority's Name \_\_\_\_\_

On-Site Well  Existing  Proposed Well

Depth of Well \_\_\_\_\_ Gallons per Minute \_\_\_\_\_

(Submit water test results as required by this Department and the PA Safe Drinking Water Act)

## Sewage Disposal: (check appropriate block)

Municipal Sewer Authority's Name: \_\_\_\_\_

On-Site Sewage Disposal

(Submit a copy of the on-lot sewage permit and design to the Department)

Packaged Treatment Plant (NPDES Permit)

**NOTE: *Other Municipal Bureaus and State Agencies may require you to obtain appropriate permits and licenses. Please check with your local Municipality.***

**Please attach appropriate fee to this Plan Review Application and mail to the Department's District office that is in the area where your facility will be located.**

**Bucks County Department of Health  
Neshaminy Manor Center  
1282 Almshouse Road  
Doylestown, PA 18901  
215-345-3318**

**Bucks County Department of Health  
Bucks County Government Services Center  
7321 New Falls Road  
Levittown, PA 19055  
267-580-3510**

**Bucks County Department of Health  
Bucks County Government Services Center  
261 California Road  
Quakertown, PA 18951  
215-529-7000**