

Ohio Department of Health
APPLICATION FOR PLAN REVIEW

ODH File No. _____

Action governed by Ohio Revised Code Chapter 3733

| TYPE OF PROJECT | TYPE OF DEVELOPMENT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Marina (MAR) <input type="checkbox"/> Recreational Vehicle Park (RVP) <input type="checkbox"/> <input type="checkbox"/> Recreation Camp (RC) <input type="checkbox"/> Combined Park Camp (CPC) <input type="checkbox"/> Temporary Park Camp (TPC)* | <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Substantial Alteration |

* Temporary Park Camp plan review is the responsibility of the local health department having jurisdiction.

| | |
|-------------------|-----------------------|
| COUNTY | LOCAL HEALTH DISTRICT |
| PROJECT NAME | DESIGNER |
| STREET ADDRESS | STREET ADDRESS |
| CITY, ZIP CODE | CITY, ZIP CODE |
| PROJECT PHONE NO. | DESIGNOR PHONE NO. |
| OWNER | CONTRACTOR |
| STREET ADDRESS | STREET ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| OWNER PHONE NO. | CONTRACTOR PHONE NO. |

Sites/Moorings:
 Number of proposed sites/moorings: _____
 Number of existing/fully developed sites/moorings: _____
 Total number of sites/moorings: _____

Individual to be contacted for questions regarding this proposal. (please print)
 Name: _____ Phone number: _(_____)_____
 I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed.
 Owner: _____ Date: _____
 Must be signed by owner or owner's agent must provide written authorization from owner.
 The owner hereby agrees to construct the project in accordance with the approved plans and data sheets.

NOTE: Review will not proceed and approval will not be granted without complete submission of all information. See checklist on back of this form.

Plan review fee: total construction cost of project (campgrounds only) \$ _____

If the total cost of construction exceeds \$5,000,
 enter 3 ½ % of the above amount, but not more than \$3,100 \$ _____

If the total cost of construction is less than \$5,000,
 enter \$525 \$ _____

Inspections will be charged at \$440 each.

Mailing address:
 Ohio Department of Health
 Revenue Processing Unit
 P.O. Box 15278
 Columbus, OH 43215

Walk-in address:
 Ohio Department of Health
 Revenue Processing Unit, 1st floor
 246 N. High Street
 Columbus, OH 43215

Engineering Phone No. 614-466-1390
Fax No. 614-466-4556

**RV Park, Recreation Camp, Combined
Park-Camp, or Temporary Park Camp***

(Ohio Administrative Code 3701-25-52)

Each plan submittal shall include the following prior to the start of the plan review:

1. Signed Application for Plan Review Form HEA 5213;
2. Site Evaluation Report, ODH HEA 5228 completed and signed by the licensor;
3. Written verification from the local flood plain management official that development will be according to the local flood plain management plan and any permits;
4. Signed set of plans or letter from local fire authority indicating they have reviewed the plans for fire protection and compliance to applicable codes.
5. **Four sets of drawings** to include:**
 - a. A vicinity map showing general location of project;
 - b. Plot plan of total area and development phase;
 - c. Plot plan showing location, number and size of sites;
 - d. Spot elevations of contour lines;
 - e. Internal street system;
 - f. Method and layout of electrical distribution system including individual service connections;
 - g. Detail of water and sewer hookup at individual sites;
 - h. Typical site, to scale, showing utility locations;
 - i. Location and number of toilets and a layout of any restroom facilities;
 - j. Location, number, and details of grey water waste drains;
 - k. Location, number, and details of dump station;
 - l. Method of backflow prevention for potable water supply;
 - m. The layout, profile, and design of the sanitary sewerage system and water distribution system shall be included in the above submitted plans. Where the sanitary sewerage system or water distribution system is not subject to Ohio Environmental Protection Agency approval, said systems shall be subject to the approval of the Director of Health.

*Temporary Park Camps require submittal of two sets of plans for review by the licensor having jurisdiction.

**Reproductions from other documents are acceptable if legible. Drawings should be scale.

Note - the applicant assumes responsibility for contacting the U.S. Army Corps of Engineers for permits regarding development on or near wetlands, or other permits that may apply.

HEA 5213

MARINA

(Ohio Administrative Code 3701-35-03)

Each plan submittal shall include the following prior to the start of the plan review:

1. Signed Application for Plan Review Form HEA 5312;
2. Site Evaluation Report, ODH HEA 5228 completed and signed by the licensor;
3. **Three sets of drawings** to include:**
 - a. A vicinity map showing general location of project;
 - b. Plot plan of the total marina and development phases;
 - c. Internal street systems;
 - d. Plot plan showing location and number of moorings;
 - e. Detail of a typical mooring including water and electrical hookup;
 - f. Method and layout of electrical distribution system;
 - g. Method of backflow prevention for potable water including detail of hookups at docks with vacuum breaker and location of reduced pressure backflow prevention device upstream of marina docks and pumpout;
 - h. Locations and specifications for sewage pumpout facility;
 - i. Locations and number of toilets and a layout of any restroom facilities;
 - j. The layout, profile and design of the sanitary sewerage system and water distribution system shall be included in the above submitted plans. Where the sanitary sewerage system or water distribution system is not subject to Ohio Environmental Protection Agency approval, said systems shall be subject to the approval of the Director of Health.

Note – the applicant assumes responsibility for contacting the U.S. Army Corps of Engineers for permits that may apply due to the proposed development.

Notes:

- Other additional information may be requested during review of the plans.
- Provide complete information as required on forms including work that may be done by others.
- Incomplete submittals will cause reviewing delays.