

Organizational Camp Plan Review

New Construction	Remodel
Make Check Marion Cour	nust accompany this application. ss payable to and mail to: nty Environmental Health r St NE, Salem, OR 97301
Name of Establishment:	
Facility Address:	
Facility phone:	
Owner:	
Mailing Address:	
Email Address:	
Daytime phone:	
Contact person & Title	
Daytime phone:	
Projected Start Date:	Projected Completion Date:

Submitting incomplete plans will delay the plan review process.

BUILDING AND PLOT PLANS

When s	submitting this application, include the following documents:				
	by of a building plan approval or building permits issued by the building department having tion; and				
2) A Plo	ot plan for the camp. The Plot Plan must clearly show and identify:				
(a)	Property lines;				
(b)	Proposed and existing construction;				
(c)	Building floor plans that include the location of plumbing fixtures;				
(d)	The number, size, type and location of all permanent structures and facilities;				
(e)	Location of all proposed and existing water supply and sewage disposal systems;				
(f)	Location of water and sewer lines;				
(g)	Estimated total number of campers and staff to be using the facilities at any given time; and				
(h)	Location of storage, collection and disposal facilities of solid waste.				
FOOD S	SERVICE FACILITIES				
Whenever a food service facility at an organizational camp is constructed or extensively remodeled, or whenever an existing structure at an organizational camp is converted to use as a food service facility, properly prepared plans and specifications for such construction, remodeling, or conversion must be submitted to the local public health authority for approval before construction. Plans must be submitted in accordance with Oregon Food Sanitation Rules OAR 333-150-0000 Part 8-2.					
Food Service Plan Reviews are available at: https://www.co.marion.or.us/HLT/PH/EHS/Pages/rules.aspx					
Please provide the following information on Water Supply and Sewage disposal systems:					
Water 9	Supply: Public water system ID#Private Other				
Sewage	e Disposal: City/Public (Name) Private Other				
Are the	re permanent sleeping spaces? (OAR 333-030-0050) Yes No If yes, describe				

Describe Bathing, Handwashing & Toilet Facilities to be provided (number, type, location) (OAR 333-				
030-0055)				
Handwashing				
Toilets				
Bathing				
How is Solid waste disposed? OAR 333-030-0065				
Do you have Emergency Procedures and plans? OAR 333-030-0100 Yes No				
Does the camp have health services? OAR 333-030-0105 Yes No Describe:				
Do you have an AED? (required for resident camps) Yes NO N/A				
Please list camp activities: OAR 333-030-0110				
Do you have a copy of the Organizational Camp Rules? Yes No				
The rules are online at				
https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/RECREATION/POOLSLODGING/Pages/rules.				
aspx.				

Time Limitation of application: The plan review application will expire 12 months after the date of submission. At that time, your payment will be forfeited and a new application and payment will be required that meet current code requirements.

Statement: I hereby certify the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):		
	Date	
	Date	
	Date	

Approval of these plans and specifications by the regulatory authority does not indicate compliance with any other code, law or regulation that may be required—federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment) A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the organizational camp rules (Oregon Administrative Rules Chapter 333-030.