



Marion County
OREGON
Health & Human Services

Recreation Park Plan Review

New Construction

Remodel

Required payment must accompany this application.

Make Checks payable to and mail to:

Marion County Environmental Health

3180 Center St, Suite 1101, Salem OR 97301 phone 503-588-5346

Name of Establishment: _____

Facility Address: _____

Facility phone: _____

Owner: _____

Mailing Address: _____

Email Address: _____

Daytime phone: _____

Contact person & Title _____

Mailing Address: _____

Email Address: _____

Daytime phone: _____

Projected Start Date: _____ Projected date for completion: _____

Submitting incomplete plans will delay the plan review process.

Plans (OAR 333-031-0059):

Have you submitted plans/applications to (or obtained permits from) the necessary and appropriate authorities including zoning, planning, building, plumbing and fire departments? Yes No

Attach a copy of the approved plans with this Plan Review form.

Water Supply (OAR 333-031-0004):

Public water system ID# _____ Private Other

Sewage Disposal (OAR 333-031-0006):

City/Public _____ Private Other

Solid Waste (OAR 333-031-0007)

Will solid waste be collected and disposed at regular intervals not to exceed 7 days Yes No

Will solid waste be collected in approved containers and disposed according to DEQ rules?

Yes No

Bath and Toilet Room (OAR 333-031-0012)

Please describe Finishes/Surfaces materials of the following:

Floors _____

Walls _____

Ceiling _____

Shower _____

Supplemental Services (OAR 333-031-0018)

Eating and drinking establishments or ice onsite? Yes No

Is there a pool or spa onsite? Yes No

Supplemental Services must comply with operated in compliance with the Department's Food Sanitation Rules, OAR 333-150-0000 and/or Public Swimming Pools and Wading Pools OAR 333-

060-0005 through 333-060-0225; and/or Public Spa Pools OAR 333-062-0005 through 333-062-0185 [as applicable](#). Please submit separate plan review applications for food or pools.

Overnight campground (OAR 333-031-0062)? Yes No

How are spaces identified? _____

How far apart are spaces? _____

Toilets (OAR 333-031-0066)

Number of flush toilets? _____

Number of pit privies or chemical toilets _____

If flush toilets are provided, the building containing them must be constructed in accordance with OAR 333-031-0012 and the requirements of the Oregon Department of Consumer and Business Services, Building Codes Division. New flush toilet facilities or remodeled, enlarged, or converted facilities must meet the requirements of the 2000 Oregon Plumbing Specialty Code.

Do you have a copy of the Construction, Operation and Maintenance of Recreation Parks Rules?

Yes No

The rules are online at

<https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/RECREATION/POOLSLODGING/Pages/rules.aspx>

Do you know how to locate specific information in the rules? Yes No

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)
