

CUYAHOGA COUNTY BOARD OF HEALTH

RESIDENT CAMP

2025 PLAN REVIEW APPLICATION

All existing, new and/or substantially remodeled resident camps are required to submit prepared plans with specifications to the local board of health for approval before a license can be issued.

The following application must be completed in its entirety, and submitted before plans will be accepted for review. When such plans are accepted by the Board of Health, they shall be acted upon within thirty (30) days of receipt.

I. Resident Camp Information

Anticipated Construction Start Date: / / Anticipated Opening Date: / /

Camp Info	Name of Camp			
	Street Address		City, Zip	
	Owner		Phone #	
	Owner Email			
	Existing () New Construction () Change of Ownership () *If a remodel, please describe the scope of the remodel in section VIII on the last page.			
Plans	Contact Name for Plans		Phone #	
	Email Address for Plans			

TYPE OF WATER SUPPLY: Community () Non-community ()

TYPE OF SEWAGE DISPOSAL: Sanitary sewer () Semi-public septic ()
 System approved by OEPA? Y or N

IS FOOD DISTRIBUTED OR PREPARED TO CAMPERS OR EMPLOYEES AT THIS LOCATION:
 Yes () No ()

II. Plan Contents Checklist

The plans and specifications submitted to the Board of Health shall be legible, drawn accurately to scale with elevations, and on paper at least 11”x 17”. **Note:** In place of paper copies, drawings may be submitted electronically (flash drive and/or email).

WHERE APPLICABLE, ITEMS “A” through “U” LISTED BELOW *MUST* BE REPRESENTED IN TWO (2) IDENTICAL SETS OF DRAWINGS SUBMITTED TO THE BOARD OF HEALTH. Check the line next to each letter if applicable. If not applicable indicate with “(n/a)”:

- | | |
|---------|--|
| A. ____ | Two (2) identical sets of plans or sent electronically |
| B. ____ | Indicate entrance, exit and access roads |
| C. ____ | Indicate trail pathways located within resident camp grounds |
| D. ____ | Indicate all structures within the resident camp |
| E. ____ | Indicate swimming facilities (including licensed swimming pool and/or bathing beach) |
| F. ____ | Design plans for drainage of surface and storm waters (if applicable) |
| G. ____ | Details and specifications of water system |
| H. ____ | Details and specifications of sewage treatment system (if applicable) |
| I. ____ | Details and specifications of gray water recycling system (if applicable) |
| J. ____ | Indication and location of storage and collection of solid waste bins throughout grounds |
| K. ____ | Location and details of lighting and electrical systems |
| L. ____ | Indicate restrooms on-site (sinks and toilet facilities) |
| M. ____ | Indicate showers on-site |
| N. ____ | Indicate location of fire fighting equipment (Deemed necessary by state fire marshal and/or local fire department) |
| O. ____ | Indicate location of emergency phone (Signage with list of emergency numbers along with the address of the resident camp) |
| P. ____ | Location of infirmary (First aid kits to be provided at the following locations: aquatic areas, specialized activities area and/or food service areas) |

VIII. Scope of Remodel

If remodeling and/or adding additional structure(s) to existing licensed resident camp by the Cuyahoga County Board of Health, briefly describe the scope of the remodel, including all affected areas on grounds. (Note: All outstanding violations cited by CCBH must be corrected as part of the scope of any remodel):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

IX. Signature

I am submitting a complete plan review packet, including two sets of identical plans, all required information, and the appropriate fee as determined above.

I understand that incomplete plans will delay the opening of my facility.

Applicant Signature: _____ **Date** _____

Reminder- A complete plan review packet must include:

- 1. Completed application**
- 2. Two complete and identical sets of plans**

Submit 2 sets of plans with this application and appropriate fee to:

**Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130**