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## ALEXANDRIA HEALTH DEPARTMENT

\_\_\_\_ Tax Map: \_\_\_

**Environmental Health Division** 

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www.alexandriava.gov/EnvironmentalHealth

## David C. Rose, MD, MBA, FAAP Health Director

## **Application for a Food Establishment Plan Review**

\$200 Fee **Establishment Name:** Physical Address: Association, Corporation, Partnership Name: Legal Owner Name: Legal Owner Phone: Legal Owner Email: Contact Name for Plan Review: Contact Phone: Contact Email: Submission Format: ☐ Paper ☐ Electronic This application is for a plan review of (choose one): ☐ Construction/conversion of a new Food Establishment o BLDC# (Provided by Permit Center) ☐ Remodeling or addition to an existing permitted Food Establishment o BLDC# \_\_\_\_\_ (Provided by Permit Center) ☐ Mobile Food Establishment Proposed future facility type: ☐ Restaurant ☐ Grocery Store ☐ Mobile Truck ☐ Child Care ☐ Other: Do you intend to allow smoking in your facility? 

Yes 

No - If yes, smoking will be allowed: 

Indoors 

Outdoors This Application must include a site map and any supplemental material necessary to review the following items: ☐ Floor Plans for the proposed facility, including interior finishes Must include specification on the building finishes including floors, walls and ceilings Must show plumbing layout including air gaps for plumbing and hot water connections If submitting paper copies, floor plans must be a minimum size of 24" x 30" Establishments wishing to conduct indoor smoking, hookah, cigar must include HVAC requirements for separate ventilation systems ■ Specifications for Hot Water Heater ☐ Specifications for all food service equipment o Plans should dictate layout of equipment ☐ Dish Washing Information Three-Compartment sink dimensions and dishwashing machine specifications ☐ Proposed Menu \*Initial comments will be provided to the above contact within 10 business days of plan submittal. \*Incomplete submissions may cause delay in approvals. \*During plan review, AHD may require submission of additional information to determine regulatory compliance. \* Any person desiring to operate a Permitted Establishment must apply for an Establishment Permit and submit all associated fees at least 14 days prior to pre-opening inspections. \* \$200 fee can be paid in exact cash or by check made out to the "City of Alexandria" Submitter Signature: \_\_\_ **AHD USE ONLY** Fee Amount Received: \_\_\_\_\_ Cash Check no.\_\_\_\_ Date: \_\_\_

Assigned To: \_\_\_\_