



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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Health Director

Application for a Food Establishment Plan Review

\$200 Fee

Facility Name:
Facility Physical Address:
Contact Name:
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: _____

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
 - o Must include specification on the building finishes including floors, walls and ceilings
 - o Must show plumbing layout including air gaps for plumbing and hot water connections
 - o If submitting paper copies, floor plans must be a minimum size of 24" x 30"
- Specifications for Hot Water Heater
- Specifications for all food service equipment
 - o Plans should dictate layout of equipment
- Dish Washing Information
 - o 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: _____ Date: _____

AHD USE ONLY

Fee Amount Received: _____ Cash Check no. _____ **Date:** _____

Received By: _____ **Assigned To:** _____ **Tax Map:** _____