ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division
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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
  - BLDC# _____ (Provided by Permit Center)
- ☐ Remodeling or addition to an existing permitted Food Establishment
  - 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
  - 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: _____ Date: _____

AHD USE ONLY

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

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