

ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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Food Facilities

Facility Type	Plan Review	Application Fees for Permit			Comments	
	Fees	City	VDH	Total		
Adult Care Home Service	\$200-C	none	\$40	\$40-S		
Bakery	\$200-C	\$95	none	\$95-C		
Bakery in Grocery	\$200-C	\$95	none	\$95-C		
Bed & Breakfast Lodging**	\$200-C	\$50	\$40**	\$90-S	** No food fee if only breakfast is served and only to overnight guests; otherwise, both food & lodging fees are charged	
Carry Out	\$200-C	\$50	\$40	\$90-S		
Caterer	\$200-C	\$50	\$40	\$90-S		
Child Care Food Service	\$200-C	none	\$40	\$40-S		
Commissary	\$200-C	\$50	\$40	\$90-S		
Convenience Store	\$200-C	\$95	none	\$95-C		
Deli / Salad Bar in Grocery without seating	\$500-C	\$95	none	\$95-C		
Full Service Restaurant	\$200-C	\$50	\$40	\$90-S		
Grocery (restaurants, delis, or salad bars	4200 0	<i>400</i>	 	450.0		
with seating in groceries)	\$200-C	\$50	\$40	\$90-S		
Grocery Store	\$200-C	\$95	none	\$95-C		
Group Home	\$200-C	none	\$40 **	\$40-S	** No fee if residents prepare the food	
Health Care Food Facility	\$200-C	\$50	\$40	\$90-S		
Hospital	\$200-C	\$50	\$40	\$90-S		
Hotel- Continental Breakfast	\$200-C	\$50	\$40 **	\$90-S		
Correctional Facility	\$200-C	none	\$40	\$40-S		
Meat Market	\$200-C	\$95	none	\$95-C		
Mobile Food Unit	\$200-C	\$50	\$40	\$90-S		
Other Food Facilities	\$200-C	*	*	*	* See EH Mgr. for determination	
Private College/University	\$200-C	\$50	\$40	\$90-S		
Private School	\$200-C	none	\$40	\$40-S		
Public College/University	\$200-C	\$50	\$40	\$90-S		
Public School (K-12)	EXEMPT	EX	EMPT	EXEMPT	NO FEE	
Seafood Market	\$200-C	\$95	none	\$95-C		
Seasonal Restaurant	\$200-C	\$50	\$40	\$90-S		
State Institution	\$200-C	none	\$40	\$40-S		
Summer Camp **	\$200-C	none	\$40 **	\$40-S	** Also see non-food facility fees	
Summer Feeding Program	none	none	none	\$85 per inspection	** VDH billed for inspections (under negotiation)	
Temporary Food Service	none	none	\$40 **	\$40-S	** Fee only for first permit in calendar year	
Vending Machine with PHFs	\$200-C **	\$95	none	\$95-C	** No fee if a plan review is not required	
Food Establishment Renewal Late Fee (one-time fee)	none	\$25	none	\$25-C	One-time fee; 14 day grace period.	

NOTES:

- 1) Inspection frequency is based on risk assessment.
- 2) City Fees and fees designated as "-C" are paid to "City of Alexandria"
- 3) State Fees and fees designated as "-S" are paid to "Alexandria Health Department"
- 4) Food facilities requiring both a \$50 City Fee and \$40 VDH Fee should make one payment of \$90 to the "Alexandria Health Department"; Plan review fees are still paid separately.



Aquatic Facilities

Facility Type	Plan Review Fees	Application Fees for Permit			Comments	Inspection Frequency
		City	VDH	Total		Frequency
Pool- Year Round (including spas, hot tubs, etc.)	+ See Below	\$700	None	\$700-C		every 4 weeks
Pool- Seasonal (including spas, hot tubs, etc.)	+ See Below	\$335	None	\$335-C		every 2 weeks
Initial Pre- Opening Inspection Fee	None	None	None	None	No Fees	
Pre-Opening Re-inspection Fee	n/a	\$100	None	\$100-C	Per Re- inspection	
Pool Management Company Registration	n/a	\$25	None	\$25-C		

	New	Re	novation*	Comments
+ Plan Review Fees	ew Fees Facility	Major	Minor	(*As determined by the Plan Review EHS)
Swimming Pool Plan Review Fees	\$750-C	\$750-C	\$150-C	Regardless if the pool will be a seasonal or year round
Spa Pool Plan Review Fees	\$375-C	\$375-C	\$150-C	Regardless if the pool will be a seasonal or year round

Hotel Facilities

Encility Type	Plan Review	Application Fees for Permit			Comments	Inspection
Facility Type	Fees	City	VDH	Total		Frequency
Bed & Breakfast **	\$40-S	None	\$40	\$40-S	See food fees	1 / year
Campground	\$40-S	None	\$40	\$40-S		1 / year
Hotel/Motel	\$40-S	None	\$40	\$40-S		1 / year
Summer Camp **	\$40-S	None	\$40	\$40-S	*Also see food facility fees	Every 2 weeks

Other Facilities

Facility Type	Plan Review Fees	Application Fees for Permit			Comments	Inspection Frequency
Tacinty Type	1663	City	VDH	Total		riequency
Marina	None	None	None	None	No Fees	After Complaint
Permit to Drill a Well	*	None	\$300	\$300-S	*Plans Required	At Request

NOTES:

1) City Fees and fees designated as "-C" are paid to "City of Alexandria"

2) State Fees and fees designated as "-S" are paid to "Alexandria Health Department"