



ALEXANDRIA HEALTH DEPARTMENT

Environmental Health Division

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Alexandria, VA 22311

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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
 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"
 o 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
 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: _____