



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## FAIRFAX COUNTY HEALTH DEPARTMENT COMMERCIAL PLAN REVIEW APPLICATION

Plans with Review Fee and Application must be submitted to the Health Department for review and approval before any work may be done. If any existing equipment is to be replaced or new equipment installed, you must submit the manufacturer's specifications for approval before installation. For more information on plan review, please call on 703-246-2510.

**Payment Options:** Cash, check or credit card. Checks payable to the County of Fairfax. **Fee is non-refundable.**

NEW ESTABLISHMENT  ADDITION/REMODEL  REVISION  RESUBMISSION

**ESTABLISHMENT TYPE:**

- FOOD ESTABLISHMENT  FOOD ESTABLISHMENT IN GROCERY STORE
- MOBILE FOOD (KIOSK)  SCHOOL FOOD  HOSPITAL FOOD
- GROUP HOME FOOD  NURSING HOME FOOD  ADULT DAY CARE FOOD
- CHILD CARE FOOD  CHILD CARE ESTABLISHMENT  TOURIST ESTABLISHMENT
- TATTOO ESTABLISHMENT  SWIMMING POOL \_\_\_ SITE GRADING PLANS \_\_\_ ARCHITECTURAL PLANS
- OTHER \_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT CLEARLY**

AGENT/APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

ESTABLISHMENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ VA, ZIP \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ PUBLIC \_\_\_\_\_ PRIVATE SEWER SERVICE: \_\_\_\_\_ PUBLIC \_\_\_\_\_ SEPTIC

IF CHANGE OF OWNER, PREVIOUS ESTABLISHMENT NAME \_\_\_\_\_

DESCRIBE CONSTRUCTION: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_  AGENT  OWNER

**For Department Use Only** AP# \_\_\_\_\_ Health Permit # \_\_\_\_\_ PRJ# \_\_\_\_\_

Transaction# \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Drawer \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Other comments \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

**Fairfax County Health Department**  
 Division of Environmental Health  
 Technical Review and Information Resources  
 10777 Main Street, Suite 102, Fairfax, VA 22030  
 Phone: 703-246-2510 TTY: 711 Fax: 703-653-9448  
[www.fairfaxcounty.gov/hd](http://www.fairfaxcounty.gov/hd)



**PLAN SUBMISSION CHECK LIST**

**County of Fairfax, Towns of Clifton/Herndon/Vienna:**

- Building Permit Application (**County of Fairfax Building Permit is not required for Town of Herndon**)
- 3 copies of architectural plans
- 1 copy of equipment cut-sheets
- 1 copy of menu
- Plan Review Fee            \$40.00 \_\_\_\_\_            \$250.00 \_\_\_\_\_

**City of Falls Church (County of Fairfax Building Permit is not required)**

- 3 copies of architectural plans
- 1 copy of equipment cut-sheets
- 1 copy of menu
- Plan Review Fee            \$40.00 \_\_\_\_\_            \$250.00 \_\_\_\_\_

**City of Fairfax (County of Fairfax Building Permit is not required)**

- 5 copies of architectural plans
- 1 copy of equipment cut-sheets
- 1 copy of menu
- Plan Review Fee            \$40.00 \_\_\_\_\_            \$250.00 \_\_\_\_\_

**NOTE: The Agent/Owner listed on the application will be contacted after the plans have been reviewed.**

A complete application package has been submitted for a review to the Health Department.

\_\_\_\_\_  
(Signature of Owner/Agent)

\_\_\_\_\_  
(Date)