



In cooperation with the  
State Department of Health

## HENRICO COUNTY HEALTH DEPARTMENT

8600 DIXON POWERS DRIVE  
P.O. Box 90775  
HENRICO, VIRGINIA 23273-0775



To: Persons Constructing or Remodeling Foodservice Facilities

From: Henrico County Health Department Food Team

Re: Food Establishment Plan Review

The Virginia Food Regulations require the submission of plans for review and approval prior to “the construction of a food establishment; the conversion of an existing structure for use as a food establishment; or the remodeling of a food establishment...” (12 VAC 5-421-3600). The fees are \$40.00 for foodservice plan review and \$40.00 for foodservice permit application/issuance. Foodservice plan review fees are not refundable.

The Application for Foodservice Plan Review has been developed to assist permit applicants or permit holders in submitting the required information for plan review and approval for their new or remodeled food establishment. Submission of the application may also help avoid potential problems with design, installation and construction.

If you have questions about the review process or wish to schedule a plan review conference please contact the Henrico County Health Department at (804) 501-4529.

### **Specific Instructions to Applicants:**

1. Fill out the Application for Foodservice Plan Review.
2. Fill out the Application for a Food Establishment Permit (unless the food facility to be remodeled has a valid Department of Health Permit and no ownership changes have occurred).
3. Provide the following:
  - A. Floor plan with equipment schedule
  - B. Plumbing plan and schedule
  - C. Finish Schedule
  - D. Lighting plan with lighting fixture schedule
4. Include proposed menu.
5. Keep copy for personal records.
6. Submit to Henrico County Health Department with applicable fees for review.

**Application for Foodservice Plan Review**  
**Virginia Department of Health**  
**Henrico County Health Department**

Date: \_\_\_\_\_ New \_\_\_ Remodel \_\_\_ Conversion \_\_\_

Name of Establishment: \_\_\_\_\_

Category: Restaurant \_\_\_\_, Institution \_\_\_\_, Daycare \_\_\_\_, Other \_\_\_\_\_.

Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

_____ Building Inspection	_____ Public Works
_____ Fire	_____ Public Utilities
_____ Planning	_____ Police

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_ (Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are conducted: \_\_\_\_\_

Maximum Meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: Sit Down \_\_\_ Take Out \_\_\_ Caterer \_\_\_

(check all that apply) Mobile \_\_\_ Other: \_\_\_\_\_