



**Commonwealth of Virginia  
Western Tidewater Health District  
Office of Environmental Health**

Suffolk Health Dept.  
135 Hall Ave., A  
P.O. Box 1587  
Suffolk, VA 23434  
(757)514-4751

Isle of Wight Health Dept.  
919 S. Church St.  
P.O. Box 309  
Smithfield, VA 23430  
(757)279-3078

Franklin Health Dept.  
200 Fairview Drive  
P.O. Box 595  
Franklin, VA 23851  
(757)562-6109

Southampton Health Dept.  
26022 Administration Center Dr.  
P.O. Box 09  
Courtland, VA 23837  
(757)653-3040

## **FOOD ESTABLISHMENT PLAN REVIEW NEW OR RENOVATED FOOD ESTABLISHMENTS**

The purpose for the review and approval of plans prior to any work being done is:

1. To ensure compliance with The Commonwealth of Virginia Board of Health Food Regulations
2. To prevent misunderstanding by the operator as to what is required
3. To prevent errors that may later result in additional cost to the operator.

### **THE FOLLOWING MUST BE SUBMITTED:**

- 1. Application for Food Establishment Permit
- 2. Application for Plan Review including
  - Completed Applications
  - Certified Food Protection manager credential or date of class
  - Proposed Menu (Final menu required prior to permit issuance)
  - Manufacturer Specification sheets for each piece of equipment shown on the plan
  - Floor Plan for proposed food establishment that is **legible** with a key and drawn to scale
  - Commissary Agreement for mobile units and caterers if applicable

### **ADDITIONAL REQUIREMENTS:**

- Local city/county Building Inspections Department – Required to notify and obtain necessary permits (electrical, plumbing, zoning, etc.) and occupancy permit, if required.
- Department of Revenue- Required to obtain business license.

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**Plan Review Application for a Food Establishment**

Plan Review Fee \$40 Make checks payable to Western Tidewater Health District

Purpose: ☐ New Establishment ☐ Name Change – Formerly Trading as: \_\_\_\_\_  
☐ Owner/Corporation Change ☐ Update/Remodel of Existing Facility

Operation Type: ☐ Full Service ☐ Fast Food ☐ Carry Out ☐ Catering ☐ Mobile ☐ School/Childcare ☐ Health Care  
☐ Other \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Suite # \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Establishment E-mail Address: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_ ☐ Corp ☐ LLC ☐ Sole Proprietor ☐ Other \_\_\_\_\_

Legal Owner Address: \_\_\_\_\_ Suite # \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Owner Phone: (\_\_\_\_) \_\_\_\_\_ Legal Owner Email: \_\_\_\_\_

Person Directly Responsible for Establishment Name (Manager, Director, etc) \_\_\_\_\_

Person Directly Responsible for Establishment Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Certified Food Protection Manager:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ M T W T F S S Seating Capacity: \_\_\_\_\_

Yearly ☐ Seasonal ☐ Months of Operation (*Circle*): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Smoking or Non-Smoking Facility \_\_\_\_\_ VIN# (mobiles only) \_\_\_\_\_

Type of Water Supply: Well Water\* or City Water Type of Sewage Disposal: Septic System\* or City Sewage

Projected Date for Start of Project (if new facility): \_\_\_\_\_

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

**\*\*Please attach a current Menu and Certified Food Protection Manager Certificate\*\***  
**\*If establishment is on Private Well/Septic System further evaluation is needed by Health Department\***

~~~~~  
**HD USE ONLY:** C.Card Cash Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Permit Dates \_\_\_\_\_ to \_\_\_\_\_ Amt: \_\_\_\_\_ HS Receipt #: \_\_\_\_\_

**Is information complete? (Check items submitted)**

☐ Floor plan   ☐ Mechanical Layout   ☐ Equipment list   ☐ Plumbing diagram   ☐ Other \_\_\_\_\_

**Has the above information been reviewed or submitted to any of the following departments?**

☐ Fire safety   ☐ Building code   ☐ Zoning   ☐ Commissioner of Revenue   ☐ Other \_\_\_\_\_

Are food service operations separate from other domestic areas by complete partitioning and solid self-closing doors?   ☐ Yes   ☐ No   ☐ N/A

**Floors:**

| Yes                      | No                       | N/A                      |                                                                             |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floor materials smooth, grease resistant, durable and easily cleanable? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floors graded to drain, if drains are provided?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the floor-wall juncture coved?                                           |

List materials used on floors in each area:

- Kitchen: \_\_\_\_\_
- Dining: \_\_\_\_\_
- Bathrooms: \_\_\_\_\_
- Storage: \_\_\_\_\_

**Walls and ceilings:**

| Yes                      | No                       | N/A                      |                                                                              |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are walls and ceilings constructed of smooth and easily cleanable materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the walls and ceilings non absorbent in areas subject to moisture?       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any beams or plumbing exposed overhead?                                  |

List materials used on walls in each area:

- Kitchen: \_\_\_\_\_
- Dining: \_\_\_\_\_
- Bathrooms: \_\_\_\_\_
- Storage: \_\_\_\_\_

List materials used on ceilings in each area:

- Kitchen: \_\_\_\_\_
- Dining: \_\_\_\_\_
- Bathrooms: \_\_\_\_\_
- Storage: \_\_\_\_\_

**Toilet Facilities:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are employee toilet rooms conveniently located?

Are toilet room doors self- closing

Are handwashing sinks provided in each restroom?

Are toilet rooms ventilated to outside air?

**Handwashing Facilities:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are handwashing sinks provided in all food preparation areas?

Are handwashing sinks provided in the dishwashing area?

Are handwashing sinks provided in serving and busing areas?

Is each handwashing sink equipped to provide water at a temperature of at least 100 degrees F (38C) through a mixing valve or combination faucet? the floor-wall juncture coved?

Is the required handwashing signage posted at each handwashing sink?

Is each handwashing sink equipped with adequate handwashing soap and disposable towels or approved hand drying device?

**Plumbing:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is all water-supplied equipment installed to prevent back-siphonage or backflow of contaminants into the water supply system?

Are indirect waste lines installed where needed?

Is all plumbing in compliance with the plumbing code?

Are any exposed sewer lines located over food preparation or storage areas?

Is a grease trap present in the facility?

**Lighting:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Will light bulbs in food preparation and storage areas be properly shielded or otherwise shatter-resistant?

**Ventilation:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are ventilation hood systems and other devices sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Is all equipment that creates grease, steam, or other vapors under the vent hood system?

**Garbage and refuse:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is a designated outdoor refuse storage area provided?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Is the outdoor storage area on a smooth concrete or asphalt pad that is easily cleanable and sloped to drain?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Is at least one service sink or mop sink provided in the facility?

**Insect and rodent control:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are all openings protected by tight-fitting windows and doors?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Have all holes or gaps along floors, walls, and ceilings been filled or closed?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Are floors, walls, and ceilings properly finished around ducts, pipes, and cables?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

If the outer windows or doors will be kept open for ventilation or other purposes, are the openings protected by screens, air curtains, or other effective means?

**Storage areas:**

| Yes                      | No                       | N/A                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are there ample areas for refrigerated and dry storage of food supplies and all paper goods, dishes, and utensils?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Is all storage shelving a minimum of 6" above the floor and constructed of smooth, nonporous, and easily cleanable materials?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Is a separate storage area of poisonous/toxic materials (cleaning agents) Provided in the facility?

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Are lockers or storage areas provided for staff personal belongings provided away from food preparation areas?

**Equipment:**

- |                          |                          |                          |                                                                                                                                                            |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all equipment NSP (National Sanitation Foundation) approved or equivalent?                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has a list of all in-place equipment including manufacturer's name and model number been submitted?                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a 3-compartment sink with required double drainboards provided?                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a mechanical dishwasher to be installed?<br><input type="checkbox"/> High Temp Sanitizing Machine <input type="checkbox"/> Chemical Sanitizing Machine  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are serving line or salad bar protector devices, display cases, and sneeze guards provided if needed?                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all fixed equipment (equipment that cannot be easily moved) either spaced to allow for cleaning along the sides, behind and above the equipment?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is all table-mounted equipment that is not easily movable, installed to allow for cleaning of the equipment and areas underneath and around the equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a bulk ice machine present in the facility?                                                                                                             |

**Capacity:**

What is the capacity of the hot water heater? \_\_\_\_\_

How many refrigeration units are present in the facility? \_\_\_\_

How many freezers are present in the facility? \_\_\_\_

How frequently will you receive deliveries of frozen foods? \_\_\_\_\_

How frequently will you receive deliveries of refrigerated foods? \_\_\_\_\_

How frequently will you receive deliveries of dry goods? \_\_\_\_\_

List all food suppliers: \_\_\_\_\_

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Will you be serving any raw or undercooked food?    ☐ Yes    ☐ No

Will any food be prepared more than 12 hours in advance?    ☐ Yes    ☐ No

Will this facility serve a highly susceptible population?    ☐ Yes    ☐ No

## Mobile Units Only:

What is the size of your fresh water tank? \_\_\_\_\_

What is the size of your waste water tank? \_\_\_\_\_

How will water supply tanks and food grade hoses be sanitized? \_\_\_\_\_

Where will fresh water\* be obtained to fill the fresh water tanks? \_\_\_\_\_

Where will waste water\* be disposed? \_\_\_\_\_

Where will grease\* be disposed? \_\_\_\_\_

Is the water inlet protected or covered? ☐ Yes ☐ No

Where will food be stored\* when mobile food unit is not in operation? \_\_\_\_\_

Where will food be prepared\* if not on the mobile unit? \_\_\_\_\_

\*Please attach commissary agreement or waste disposal agreement if applicable\*

**Approval of these plans and specifications by the Western Tidewater Health District does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement, acceptance, or permitting of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies the local and state laws governing food service establishments.**

By signing below, you attest to the accuracy of the information provided in this application and agree that you will comply with Section 12 VAC 5-421-3750, (12 VAC 4-421 Commonwealth of Virginia Board of Health Food Regulations) and allow the regulatory authority access to the establishment as specified under 12 VAC 5-421-3820 and to the records specified under 12 VAC 5-421-2330 and subdivision 4 of 12 VAC 5-421-3630.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Owner(s) or Owner's Representative(s)**

\*\*\*\*\*

### For Official Use: Items Submitted in Packet

- \_\_\_\_\_ Plan Review Application with fee of \$40.00
- \_\_\_\_\_ Permit Application with \$40 fee (if new owner)
- \_\_\_\_\_ Proposed Menu
- \_\_\_\_\_ Manufacturer Specifications for equipment
- \_\_\_\_\_ Plan drawn to scale

Plans Reviewed and Approved EHS: \_\_\_\_\_ Date: \_\_\_\_\_