Chesterfield Health District
Chesterfield County
P.O. Box 100
Chesterfield, Virginia 23832

Plan Review Application

☐ New ☐ Remodel/Renovation ☐ Conversion

Name of Establishment: _____

Street Address: _____

City, State, Zip Code: _____

Phone (If Available): _____ Fax (If Available): _____

Name of Owner: _____

Title: (Owner/Manager/Architect/Etc.): _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Applicants Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____ Fax: _____

Note: This application form must be filled out and submitted with the plans, with a copy of the menu, the anticipated food volume to be stored between deliveries, equipment specifications, SOPs and payment of $40 for the plan review fee to:

Chesterfield Health Department
Phone (804) 748-1610 Fax (804) 717-6106
Chesterfield_EH@VDH.Virginia.gov
9501 Lucy Corr Circle, P.O. Box 100
Chesterfield, VA 23832

Revised 10/2025