

**THE FOLLOWING INFORMATION IS REQUIRED FOR
A COMPLETE SUBMISSION PACKAGE:**

County of Fairfax, Town of Herndon/Clifton/Vienna:

- ___ 4 copies of architectural plans
- ___ 1 copy of equipment cut-sheets
- ___ 1 copy of menu

City of Falls Church

- ___ 3 copies of architectural plans
- ___ 1 copy of equipment cut-sheets
- ___ 1 copy of menu

City of Fairfax

- ___ 5 copies of architectural plans
- ___ 1 copy of equipment cut-sheets
- ___ 1 copy of menu

NOTE: The Agent listed on the plans will be contacted after the plans are reviewed.

The information required for the complete submission package has been provided to the Health Department for review.

(Signature of Owner or Agent)

(Date)