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 703-246-2201.

**Payment Options:** Cash, check or credit card (Visa/Mastercard/Discover). Checks payable to the County of Fairfax. Fees are non-refundable.

( ) NEW ESTABLISHMENT  ( ) ADDITION/REMODEL  ( ) REVISION  ( ) RESUBMISSION

**ESTABLISHMENT TYPE AND REVIEW FEES:**

( ) TOURIST ESTABLISHMENT  $40.00  ( ) CHILD CARE ESTABLISHMENT  $250.00

( ) TATTOO ESTABLISHMENT  $250.00  ( ) SWIMMING POOL  $250.00

Select Applicable: ___ Pool Site Grading Plans  ___ Pool Architectural Plans

( ) OTHER ______________________

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

AGENT/APPLICANT ___________________________ ___________________________ ___________________________

PHONE __________________ EMAIL __________________

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

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**For Department Use Only**

AP# __________________ Health Permit # __________ PRJ# __________

Transaction# __________________ $ __________________ Date Paid __________

Drawer __________ Approved ________ Rejected __________ Other comments _______________________

Reviewed By __________________Date __________________

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Fairfax County Health Department
Division of Environmental Health
Technical Review and Information Resources
10777 Main Street, Suite 100, Fairfax, VA 22030
Phone: 703-246-2510 TTY: 711 Fax: 703-653-9448
www.fairfaxcounty.gov/hd

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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
___ Plan Review Fee

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

___ 3 copies of architectural plans
___ Plan Review Fee

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

___ 5 copies of architectural plans
___ Plan Review Fee

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

_________________________________  ____________________
(Signature of Owner/Agent)  (Date)

NOTE: The Agent/Owner listed on the application will be contacted after the plan review.