



Serving the People of:  
Alleghany County  
Botetourt County  
Craig County  
Roanoke County  
City of Covington  
City of Roanoke  
City of Salem

**Alleghany/Roanoke City Health Districts  
Environmental Health Division**

Sept. 1, 2010

**Food Facility Plan Review  
And  
Permit Application Process**

Before opening a new or extensively remodeled food facility, the owner(s)/corporation must obtain a **Food Facility Health Department Permit** from the Alleghany/Roanoke City Health Districts. This permit will be issued when the facility is completed and in compliance with the **Commonwealth of Virginia, State Board of Health, Food Regulations**, 12 VAC 5-421, October 2007. To avoid any delays, the Alleghany/Roanoke City Health Districts conducts a thorough **Application and Plan Review Process**.

The attached **Food Facility Plan Review Information Form** is to assist you in compliance with the **Food Regulations**. It is suggested that you review these regulations as they apply to your planned food facility operation. ***All of the following must be submitted and approved by the Health Department before a permit will be issued.***

Please check off  the items as you complete them.

- One Set of Plans
- A properly completed **Food Facility Plan Review Information Form** with \$95 Virginia Plan Review Fee
- A properly completed **Application for a Health Department Food Facility Permit** with a \$285 Virginia Permit Fee
- Copy of Proposed Menu
- Comply with all relevant local building codes and obtain a **Certificate of Occupancy**. ***An establishment's change of use may require a new Certificate of Occupancy.***
- For establishments in Roanoke City or Roanoke County, a copy of your Fats, Oils and Grease (FOG) Discharge Permit from Western the Virginia Water Authority (WVWA), if required. For further information call the WVWA at 540-853-1628 or visit their Web Site at: [www.westernvawater.org](http://www.westernvawater.org).

The information entered on the Food Facility Plan Review Information Form must correspond directly with the plans submitted for the Health Department **Plan Review Process**.

Please complete the attached forms and return to the appropriate Health Department checked on the back of these forms. **Please keep this cover letter for your reference and assistance.**

Attachments:

**Food Facility Plan Review Information Form  
Application for A Food Facility Permit**

Sept. 1, 2010



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Environmental Health Division

Aug 1, 2010

## Food Facility Plan Review Information Form

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

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

Owner(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Smoking Facility  Non-Smoking Facility

What type of water is to be provided? Public  Private

- If water system is private, please attach a copy of the Final Record of Inspection and an Acceptable Water Sample for the Well.

What type of sewage disposal system is to be provided? Public  Private

- If sewage system is private, please attach a copy of the Operation Permit showing the location of the system.

Information Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Payment should be submitted by the ownership of the business and not the architectural firm submitting the Plans and Plan Review Form. The Permit Application must be paid and completed by the ownership of the business.

If you prefer to make payment by Credit Card, please complete the following information or call this office at (540) 204-9764. Type of Credit Card: Visa  MasterCard

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name & Address on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### For Office Use

Received by Mail  In Person  Other  \_\_\_\_\_

Check or Money Order # \_\_\_\_\_ State Receipt (ADM 1304) # \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

I. Floors	Yes	No	N/A
1. Are floor materials grease resistant, impervious and easily cleanable in all food/beverage preparation and service areas, storerooms, and restrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are floors graded to drain, if drains are provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the floor wall juncture covered? (Cove Molding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. List finish materials used on <b>floors</b> in the following areas (i.e. tile, carpet, hardwood):			
Kitchen _____			Bathrooms _____
Dining _____			Storage _____

II. Walls and Ceilings	Yes	No	N/A
1. Are walls and ceilings smooth and constructed of easily cleanable materials in the kitchen, food/beverage preparation and service areas, storerooms, and restrooms? (Walls washable to at least four-foot level.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the walls constructed so that there are no attachments, pipes, etc., that obstruct or prevent cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the walls grease resistant and easily cleanable behind frying/cooking equipment and under the hood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the ceiling so constructed that no beams or piping are exposed overhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. List finish materials used on the <b>walls</b> in the following areas (i.e. epoxy paint, stainless steel):			
Kitchen _____			Bathroom _____
Dining _____			Storage _____
6. List finish materials used on the <b>ceiling</b> in the following areas (i.e. vinyl coated tile):			
Kitchen _____			Bathroom _____
Dining _____			Storage _____

III. Toilet Facilities	Yes	No	N/A
1. Are employee toilet rooms conveniently located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are toilet room doors self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are public toilets provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are hand basins with mixing faucets provided in each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are toilet rooms mechanically vented to outside air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Handwashing Facilities**

Yes No N/A

- 1. Are hand basins provided in all food preparation areas?
- 2. Are hand basins provided in the dishwashing area?
- 3. Are hand basins provided in the serving and busing areas?  
(Including Bars)
- 4. Does each hand basin have hot and cold or tempered running water  
through mixing faucets?
- 5. Are signs or posters provided at each hand basin used by  
foodservice employees that notifies employees to wash hands?

**V. Plumbing**

Yes No N/A

- 1. Is all water supplied equipment installed to prevent backsiphonage?  
(Vacuum Breakers)
- 2. Are indirect waste lines used where needed? (Air Gap)
- 3. Is all plumbing acceptable to the plumbing code?
- 4. Are any sewer pipes exposed over food preparation, utensil  
washing, or storage areas?
- 5. Are grease traps provided as required by local plumbing code?  
Grease traps to be pumped out at a frequency that prevents grease  
from entering the public sewerage disposal system.

Location: (Inside or Outside of Facility): \_\_\_\_\_

Name of Pumping Company: \_\_\_\_\_

Frequency of Service (weekly, biweekly, monthly)? \_\_\_\_\_

- 6. Is business located in Roanoke City or Roanoke County?
- If Yes, contact the Western Virginia Water Authority to determine  
If you are required to obtain a Fats, Oils and Grease (FOG)  
Discharge Permit. The phone number is 540-853-1628 and the Web  
Site Address is: [www.westernvawater.org](http://www.westernvawater.org).

**VI. Lighting**

Yes No N/A

- 1. Will 50 foot-candles be provided over all food preparation surfaces,  
including under hoods in cooking areas?
- 2. Will 20-foot candles be provided in utensil washing, hand washing,  
and toilet room areas?
- 3. Will 20 foot-candles be provided in all storage areas, walk-in  
refrigerators, and dining areas?
- 4. Will 20 foot-candles be provided inside equipment such as reach-in  
and under counter refrigerators?

**VI. Lighting - Continued**

Yes No N/A

Is all lighting shielded or covered in food service, preparation, and utensil washing areas? (Heat lamps protected against breakages)

**VII. Ventilation**

1. Does the hood system conform to the Virginia Uniform Statewide Building Code?
2. Do all rooms have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes?

**VIII. Garbage and Refuse**

Yes No N/A

1. Is an outdoor storage area provided?
2. Is it easily cleanable with a concrete or paved pad?
3. Are individual cans  or dumpsters  provided for garbage storage?

Location of garbage storage containers: \_\_\_\_\_

Name of company providing service: \_\_\_\_\_

Number of pickups per week: \_\_\_\_\_ On which days? \_\_\_\_\_

4. Is an outdoor grease storage area provided?

Location: \_\_\_\_\_

Name of Recycling Company: \_\_\_\_\_

Frequency of service (weekly, biweekly, monthly): \_\_\_\_\_

**IX. Insect and Rodent Control**

Yes No N/A

1. Are outer openings properly protected by use of doors, screens, or fans?
2. Are outer doors self-closing and opening outward, unless otherwise required by building or fire officials?
3. Are floors, walls, and ceilings properly finished around ducts, pipes, and cables?
4. Extermination must be done by a Certified Pest Control Operator.  
Name of Licensed Pest Control Company:

\_\_\_\_\_

- | X. Storage Areas  | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is shelving constructed so that all underlying areas can be reached with brooms and mops? (bottom shelf required to be at least six inches off the floor.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate storage for dry goods?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are separate areas provided for storage of poisonous and cleaning materials?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | XI. Equipment  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is equipment sufficient in number and capacity for hot and cold holding?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is all refrigerator or other food contact storage shelving non-corrosive, grease resistant, and easily cleanable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*All refrigeration equipment must be capable of maintaining food at a temperature of 41°F.  
No Rusted or Repainted Wire Shelving Allowed!*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3. Is floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on six-inch legs?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What method of dishwashing will be used? Manual <input type="checkbox"/> Mechanical <input type="checkbox"/> |                          |                          |                          |

*If using manual method, a Three-Compartment Sink with Double Drainboards is required.*

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 5. If using mechanical dishwashing equipment, what type:<br>High temperature sanitizer <input type="checkbox"/> Chemical sanitizer <input type="checkbox"/>                  |                              |                             |                              |
| 6. If using a high temperature dishmachine, does it have a <b>pressure gauge</b> ?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. If using a chemical sanitizing dishmachine, is it equipped with an <b>audible or visual (light or noise) device</b> that indicates when more sanitizer needs to be added? | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |
| 8. Are adequate food preparation sinks provided?   | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     |
| 9. Which type of sink will be used for food preparation?<br>Three compartment sink <input type="checkbox"/> Separate prep sink <input type="checkbox"/>                      |                              |                             |                              |

*Any sink used for food preparation is required to be installed according to the local plumbing code. An indirect waste line may be required.*

- | XII. Dressing Rooms and Lockers   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are adequate lockers or suitable facilities provided for employees' valuables? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are dressing rooms provided for employees?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**XIII. Housekeeping, Utility Laundry Room or Laundry Storage**

Yes No N/A

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is at least one utility sink or floor hopper provided for wastewater disposal, conveniently located, to facilitate the disposal of mop water and other cleaning waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are backflow prevention devices or air gaps provided on all threaded faucets for hose bibs (whether the hose is attached or not)?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is a janitor closet or other site provided for general housekeeping equipment storage and functions? (Out of the immediate food handling areas.)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is soiled linen handling (storage and washer/dryer rooms) away from the food areas to prevent soiled linen traffic and processing in any food/utensil washing area?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Thank you for completing this Plan Review Form.  
Please sign and date the form on the front page and return it to the  
appropriate health department listed below.**

**Roanoke Health Department****(The Roanoke Health Department covers the Cities of Roanoke and Salem and the Counties of Roanoke and Craig)****1502 Williamson Rd NE, 2<sup>nd</sup> Floor, Roanoke VA 24012****Phone: (540) 204-9764****Fax: (540) 857-7315****Botetourt County Health Department****POB 220 Fincastle VA 24090****Phone: (540) 473-8240 Ext 123****Fax: (540) 473-8242****Alleghany/Covington Health Department****(Also covers Clifton Forge area)****POB 747 Covington VA 24426****Phone: (540) 962-2173 Ext 17****Fax: (540) 962-8353**



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Sept. 1, 2010

## Application for a Food Facility Health Department Permit

Type or print legibly. Complete accurately and thoroughly all information requested on this application, or it may be returned to you. Complete all phone numbers, mobile phone numbers, email addresses, fax numbers [if available], city, state, and zip codes. Failure to do so may delay the issuance of your health department food facility permit. Submit the Virginia Permit Fee of \$285 along with this application. Items in brackets [ ] are for health department identification purposes. If you have questions concerning this application, please contact the appropriate health department checked on the back of this application.

**Note:** The Commonwealth of Virginia, Board of Health, *Food Regulations*, 12 VAC 5-421-3670. States... "An applicant shall submit an application for a permit at least 30 calendar days before the date planned for opening a food establishment or the expiration date of the current permit for an existing facility."

**Proposed Opening Date:** \_\_\_\_\_

**Application for a:**  New Establishment  Annual Renewal  Name Change  Change of Owner  
 Re-Open Existing Establishment

Name of Food Facility: \_\_\_\_\_  
(As printed on permit)

Physical Address of Food Facility: \_\_\_\_\_

Mailing Address for Permit: \_\_\_\_\_

Phone Number of Food Facility: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
(This is posted on the Internet)

Billing Address for Food Facility: \_\_\_\_\_

District Locality:  Roanoke City  Roanoke County  Salem City  Botetourt County  
 Alleghany County  Covington  Clifton Forge  Craig County

**The following items must accompany your permit application before it will be accepted and processed.**

- Floor plans for new, very old, or remodeled facilities.
- Plan Review Form for new or remodeled facilities, with \$95 Plan Review Fee Payment.
- COMPLETED Application for a Health Department Food Facility Permit with \$285 Permit Fee Payment
- Copy of proposed Menu
- Copy of Legal Ownership List
- Apply for a Certificate of Occupancy with the local building department if a new building or change of use.

Legal Owner Type:  Corporation  Government Organization  Limited  Partnership  
 Religious Organization  Society  Sole Proprietorship

(If ownership is other than a Sole Proprietorship, fill in the name of Corporation, Government Organization, Limited, Partnership, Religious Organization, or Society below.)

Legal Ownership Name: \_\_\_\_\_  
(This is printed on the permit and should be the same as your Business License)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Owner's Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(This must be a person's name)

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

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**If legal ownership is other than a Sole Proprietorship, attach a list of names, titles, phone numbers, and addresses of all persons comprising the legal ownership to this application. Complete Registered Agent information below if required. Staple attachment to this Application.**

Legal Owner's Local Registered Agent [**Registered Agent**] (if required - out of state corporations **must** identify registered agent for Virginia):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Person directly responsible for Food Facility [**Facility Contact**]:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Immediate supervisor of person directly responsible for the food facility [**Owner's Agent**]:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Manager Contact Name [**Facility Manager**]: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Food Facility: Adult Care Home  Adult Day Care  Bed & Breakfast  Carry-Out   
 Caterer  Child Care  Commissary  Convenience Store  Fast Food  Full Service   
 Full Service/Caterer  Grocery Store  Group Home  Hospital  Hotel Continental Breakfast   
 Jail  Mobile Unit  Nursing Home  Other  If Other, Explain: \_\_\_\_\_ Private College   
 Private Elementary  Private Middle/High School  Seasonal Fast Food  Seasonal Full Service   
 State College  State Institution  Summer Camp

Does this food facility provide servers for customers (waiters or waitresses)? Yes  No

Type of Water Supply:  Public  Private, if private, source: \_\_\_\_\_

- If water system is private, please attach a copy of the Final Record of Inspection and an Acceptable Water Sample for the Well.

Type of Sewage Disposal:  Public  Private, if private, explain: \_\_\_\_\_

- If sewage disposal system is private, please attach a copy of the Operation Permit showing the location of the system.

Customer Seating Capacity: \_\_\_\_\_ Smoking  or Non-Smoking Facility

**Attach a proposed or existing menu to this application. Staple Menu to this Application.**

Answer the following questions concerning your food facility. Does your food facility:

	Yes	No
(1) Prepare, offer for sale, or serve potentially hazardous food		
(a) Only to order upon a consumer's request	<input type="checkbox"/>	<input type="checkbox"/>
(b) In advance in quantities based on projected consumer demand and discard food that is not sold or served at an approved frequency, or	<input type="checkbox"/>	<input type="checkbox"/>
(c) Use time as the public health control as specified under 12 VAC 5-421-850	<input type="checkbox"/>	<input type="checkbox"/>
(2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing	<input type="checkbox"/>	<input type="checkbox"/>
(3) Prepare food as specified under subdivision 3 B (2) of this section for delivery to and consumption at a location off the premises of the food establishment where it is prepared	<input type="checkbox"/>	<input type="checkbox"/>
(4) Prepare food as specified under subdivision 3 b (2) of this section for service to a highly susceptible population	<input type="checkbox"/>	<input type="checkbox"/>
(5) Prepare only food that is not potentially hazardous	<input type="checkbox"/>	<input type="checkbox"/>
(6) Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous	<input type="checkbox"/>	<input type="checkbox"/>

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations, allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required, and agree to accept notices issued and served by the regulatory authority.

I/We also understand this Health Department Food Facility Permit is not transferable from one person to another or from one corporation to another. If any information listed above, or attached, changes concerning the name of establishment, location, owner or corporation, the Health Department Food Facility Permit automatically becomes void. The Health Department is to be notified immediately of any such changes.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completing this application, return it with all requested attachments and payment to the appropriate health department checked below.**

If you prefer to make payment by Credit Card, please complete the following information or call this office at (540) 204-9764.  
Type of Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Account# \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Name & Address on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

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State Receipt (ADM 1304)# \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Roanoke Health Department or**  
**(The Roanoke Health Department covers the City of Roanoke & Salem, Counties of**  
**Roanoke and Craig)**  
**1502 Williamson Rd NE, 2<sup>nd</sup> Floor, Roanoke VA 24012**  
**Phone: (540) 204-9764**  
**Fax: (540) 857-7315**

**Botetourt County Health Department**  
**POB 220 Fincastle VA 24090**  
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