



COMMONWEALTH OF VIRGINIA
 RICHMOND CITY HEALTH DISTRICT
 400 East Cary Street, Suite 322
 Richmond, VA 23219
 (804) 205-3912
 FAX (804) 371-2208

RICHMOND CITY
 HEALTH DISTRICT

“Working together for a healthier Richmond”

APPLICATION FOR A HOTEL PLAN REVIEW

Please place a ✓ next to the address where you would like VDH to mail correspondence

\$40.00 FEE

| | |
|--------------------------------------|-----------------|
| <input type="checkbox"/> Hotel Name: | |
| Hotel Address: | City/State/Zip: |
| Hotel Phone: | Email: |

| | |
|--------------------------------------|-----------------|
| <input type="checkbox"/> Owner Name: | |
| Owner Address: | City/State/Zip: |
| Owner Phone: | Email: |

| | |
|---------------------------------------|-----------------|
| <input type="checkbox"/> Lessee Name: | |
| Lessee Address: | City/State/Zip: |
| Lessee Phone: | Email: |

This application is for a plan review of (choose one):

- Construction/conversion of a new hotel
- Remodeling or addition to an existing property

If you plan to have a swimming pool, spa/hot tub, or sauna at this facility, **you must separately apply** for a pool construction permit

For renovations and additions, is your hotel:

- Currently permitted by VDH
- Not currently permitted by VDH

If you plan to have food service at this facility, **you must separately apply** for a food establishment plan review and permit

Future application for operation permit will be made in the name of the Owner Lessee

Proposed facility type: Hotel Motel Bed & Breakfast

This application must include a site map and any supplemental material necessary to review the following items*:

Included:

- Proposed method and location of the sewage disposal system.
(e.g. public sewer, onsite sewage system, discharge system)
- Proposed water supply and details of distribution system
(e.g. public water hookup, hotel operates its own waterworks, private well)
- Plans for all buildings and structures, including interior finishes
(please include specifications on building finishes, including floors, walls, and ceilings)

Approved
(VDH USE ONLY)

Included (cont.):

- | | |
|--|--------------------------|
| <input type="checkbox"/> Floorplan/ layout of hotel | <input type="checkbox"/> |
| <input type="checkbox"/> Specifications for laundry facilities | <input type="checkbox"/> |
| <input type="checkbox"/> Dish and ware-washing facilities | <input type="checkbox"/> |
| <input type="checkbox"/> Ice Machines | <input type="checkbox"/> |

*During plan review, VDH may require submission of additional information to determine regulatory compliance.

*This plan review will **not** determine whether the proposed hotel/ motel/ bed & breakfast will comply with all operational requirements of 12VAC5-431, the Sanitary Regulations for Hotels.

Any person desiring to operate a hotel should apply for an operational permit **at least 30 days prior to the opening of the hotel.**

I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia.

Owner/Lessee Signature _____ Date: _____

VDH USE ONLY

Fee Amount Received: _____ Receipt # _____ Date: _____

Received by: _____ Cash Check Wire Transfer Credit Card

Plans approved by: _____ Date: _____