# New River Health District

**APPLICATION FOR A HOTEL OPERATION PERMIT**

$40.00 ANNUAL FEE

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

|  |  |
| --- | --- |
| □Hotel Name: | |
| Hotel Address: | City/State/Zip: |
| Hotel Phone: | Email: |

|  |  |
| --- | --- |
| □Owner Name: | |
| Owner Address: | City/State/Zip: |
| Owner Phone: | Email: |

|  |  |
| --- | --- |
| □Lessee Name: | |
| Lessee Address: | City/State/Zip: |
| Lessee Phone: | Email: |

**FACILITY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Total # guest rooms: | | | |
| Facility type: | Hotel | Motel | Bed & Breakfast |
| Application for: |  | Change of ownership | New facility |
| Operation season: |  | Seasonal | Year-round |
| Water supply: |  | Waterworks  Permit #: | Private well |
| Sewage disposal: | Public sewer | Onsite disposal system | Discharge system |
| Will there be food service? Yes No  **Food Service may require a separate Food Establishment Permit** | | | |

**A certificate of occupancy is required for new hotels, and after construction or renovation.**

No

Yes

Attached certificate of occupancy issued by Building Official?

**Swimming/Sauna/Hot tub facilities require a separate construction permit**

Hot tub

Swimming pool

Sauna

Are there swimming facilities? (Check all that apply)

**A separate plan review is required for all hotels prior to any construction, renovation, or conversion.**

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

Owner/Lessee Signature Date:

Printed Name

Submit this form to the corresponding health department location below:

You must remit to VDH a $40 fee **annually**. Should you not remit this fee VDH may seek collection as authorized by Code of Virginia § 2.2-4800 et seq.

Floyd County Health Department

123 Parkview Rd

Floyd VA 24091

540-745-2142

Giles County Health Department

1 Taylor Ave Suite 4

Pearisburg VA 24134

540-235-3135

Montgomery County Health Department

210 S Pepper Street, Ste A

Christiansburg VA 24073

540-585-3357

Pulaski County Health Department EH

143 Third St NW, Suite 4

Pulaski VA

540-440-2166

Radford City Health Department

220 E Main Street

Radford VA 24141

540-267-8255

FOR OFFICIAL USE

Date Received: Receipt #: Paid$\_\_\_\_\_ □Cash □CC verification#:\_\_\_\_\_\_\_\_\_\_ □Check #:\_\_\_\_\_\_\_

For: □Plan Review Fee □Renewal □Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Map/GPIN/Censue Tract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved for Permit: □Yes □No Environmental Health Spec.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_