New River Health District

**APPLICATION FOR A HOTEL PLAN REVIEW**

Please place a  next to the address where you would like VDH to mail correspondence $40.00 FEE

|  |
| --- |
| □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: |

This application is for a plan review of (choose one): Construction/conversion of a new hotel Remodeling or addition to an existing property

For renovations and additions, is your hotel: Currently permitted by VDH

Not currently permitted by VDH

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.

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\*:

Approved

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)

(VDH USE ONLY)







Included (cont.): Approved

(VDH USE ONLY)

Floorplan/ layout of hotel Specifications for laundry facilities Dish and ware-washing facilities Ice Machines

\*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/Leasee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this form to the corresponding health department location:

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/Census Tract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Rev 12/21/20

