



Piedmont 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

<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.):

Approved
(VDH USE ONLY)

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

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*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

Tax Map/GPIN/Census Tract: _____