

BRHD Environmental Health Offices				
Location	Phone			
Charlottesville/Albemarle	434-972-6219			
Fluvanna County	434-591-1965			
Greene County	434-985-2262			
Louisa County	540-967-3707			
Nelson County	434-263-4297			

APPLICATION FOR A HOTEL OPERATION PERMIT $$40.00\ \mathrm{ANNUAL\,FEE}$$

Please place a \checkmark next to the address where \checkmark	here you would like VDH	to mail correspondence		
□Hotel Name:				
Hotel Address:	City	/State/Zip:		
Hotel Phone:	Ema	mail:		
□Owner Name:				
Owner Address:	City	City/State/Zip:		
Owner Phone:	Ema	Email:		
□Lessee Name:				
Lessee Address:	City	ty/State/Zip:		
Lessee Phone:	Ema	iil:		
	FACILITY INFO	DRMATION		
Total # guest rooms:	_			
Facility type:	Hotel	Motel	Bed & Breakfast	
Application for:		Change of ownership	New facility	
Operation season:		Seasonal	Year-round	
Water supply:		Waterworks	Private well	
		Permit #:		
Sewage disposal:	Public sewer	Onsite disposal system	Discharge system	
Will there be food service?		Yes	No	

Are there swi	mming facilities?	Sauna	Swimming pool	Hot tub	
	2	Saana	Swimining poor	110t tub	
(Check all tha	,				
5	Swimming/Sauna/H	Hot tub facilitie	s require a separate cons	struction permit	
Attached cert	ificate of occupancy		Yes	No	
issued by Buil	lding Official?				
A certifi	cate of occupancy i	s required for n	ew hotels, and after con	struction or renovation.	
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.					
A		11 1 4 . 1	. 4		
A separate plar	i review is required to	or all notels prior	to any construction, reno	vation, or conversion.	
I understand thi	s form contains inform	nation subject to di	sclosure under §2.2-3700 of	the Code of Virginia.	
Owner/Lessee Signature			Date:		
Printo	l Nama				
Timted	i ivaine				
		VDH USI	E ONLY		
Fee Amount R	eceived:	Receipt #		Date:	
			☐ Cash ☐ Check ☐ `	Wire Transfer 🗌 Credit Card	
Tax Map/GPI	N/Census Tract:				