**APPLICATION FOR HOTEL / B&B PLAN REVIEW ($40.00 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: |
| This application is for a plan review of (choose one):  Construction/conversion of a new hotel Remodeling or addition to an existing propertyFor 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\*:

|  |  |
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|  Included: |  Approved(VDH USE ONLY) |
|  | 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) |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 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/Lessee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **VDH USE ONLY** |
| Fee Amount Received:\_\_\_\_\_\_\_\_\_\_\_ | Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Cash Check Credit Card  |