



Short-Term Rental Application

County of Henrico, Virginia
The Permit Center

INSTRUCTIONS: Type or Print providing full information. All fields must be completed for processing. For assistance call (804) 501-7280 or visit our website at <https://henrico.gov/permitcenter>.

PROPERTY ADDRESS:	TELEPHONE NUMBER AT ADDRESS:
PARCEL ID NUMBER (GPIN):	MAGISTERIAL DISTRICT:
SUBDIVISION:	HOMEOWNERS ASSOCIATION:

OWNER NAME:	OWNER PHONE NUMBER:
OWNER MAILING ADDRESS:	OWNER EMAIL ADDRESS:
OWNER SIGNATURE:	DATE OF APPLICATION:

APPLICANT NAME (IF DIFFERENT FROM OWNER):	APPLICANT PHONE NUMBER (IF DIFFERENT):
APPLICANT MAILING ADDRESS (IF DIFFERENT):	APPLICANT EMAIL ADDRESS (IF DIFFERENT):
APPLICANT SIGNATURE (IF DIFFERENT):	

Does the applicant live in the home? Yes No How many days per year? _____
Will the applicant be present in the home during short-term rentals? Yes (hosted) No (unhosted)
Will short-term renters stay in the home itself or in a guesthouse? Principal home Guesthouse
How many bedrooms will be offered for short-term rental? _____
What will be the maximum number of short-term renters? _____
How many days per year will short-term rental be offered? _____

OFFICE USE

DATE RECEIVED:	TIME RECEIVED:
ZONING APPROVED BY: PRINT: _____ INITIAL: _____	DATE OF APPROVAL:
BUILDING PERMIT NUMBER:	DATE OF CERTIFICATE OF OCCUPANCY:
CONDITIONAL USE PERMIT #:	DATE OF APPROVAL:
DATE ENTERED INTO REGISTRY:	