Please contact 804-501-4530 for more information or to make a credit card payment.
Please fax applications to 804-501-4983. Please mail applications and payments to:

Henrico County Health District Environmental Health
P. O. Box 90775
Henrico, VA 23273-0775

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*:

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: _____

VDH USE ONLY

Fee Amount Received:_____ Receipt #_____ Date: _____

Received by:_____ ☐ Cash ☐ Check ☐ Wire Transfer ☐ Credit Card

Tax Map/GPIN/Census Tract:_____