



In cooperation with the
State Department of Health

HENRICO COUNTY HEALTH DEPARTMENT

8600 DIXON POWERS DRIVE
P.O. Box 90775
HENRICO, VIRGINIA 23273-0775

September 13, 2019



TO: Persons Constructing or Remodeling Tourist Establishments
Persons Requiring a Commonwealth of Virginia Tourist Establishment Permit

FROM: Henrico County Health Department Environmental Team

RE: Tourist Establishment Plan Review and/or Tourist Establishment Permit

The Commonwealth of Virginia Sanitary Regulations for Hotels requires the submission of plans for review and approval “whenever a hotel is constructed or remodeled or whenever an existing structure is converted to use as a hotel...”. (12 VAC 5-431-260)

The fees are \$40.00 for hotel plan review and \$40.00 for hotel permit application/issuance. Hotel plan review fees are not refundable. Checks should be made payable to Henrico County Health Department.

Permits are not transferable from one person to another or from one location to another. A new owner shall be required to make a written application for a permit and pay a \$40.00 hotel permit application/issuance fee.

If you have questions about the review process or the permit process, please call 804-501-4530.



Application for Tourist Establishment Plan Review
Virginia Department of Health
Henrico County Health Department

Date: _____

New Hotel/Motel _____

New Bed & Breakfast _____

Remodel Existing Hotel/Motel _____

Remodel Existing Bed & Breakfast _____

Establishment Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (if available): _____ Fax (if available): _____

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

HOTEL INFORMATION

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Number of Rooms: _____

Number of Floors: _____

Will facility have:

Rooms with Kitchenettes? Yes No If so, how many? _____

King Rooms? Yes No If so, how many? _____

Queen Rooms? Yes No If so, how many? _____

Double Rooms? Yes No If so, how many? _____

Handicapped Accessible Rooms? Yes No If so, how many? _____

Smoking Rooms? Yes No If so, how many? _____

Non-Smoking Rooms? Yes No If so, how many? _____

ROOM AMMENITIES

Will glassware be provided? Yes No

If so, what type? Single Use Reusable

Will ice buckets be provided? Yes No

If so, what type? Covered Single Service Liners for buckets

Bagged ice

Will utensils or plates be provided? Yes No

If so, what type? Single Service Disposable Reusable

Will cookware be provided? Yes No

If reusable utensils, glassware, etc. are provided, what is the method for sanitizing?

Dishwasher (heat) Dishwasher (chemical) 3 Compartment sink

FOOD SERVICE INFORMATION

Will facility have:

Continental Breakfast? Yes No

If so, will food products be? Dry Prepackaged Only Hot/Cold (need preparation)

Kitchen Facilities? Yes No

Dining Room Facilities? Yes No

Full Service Restaurant? Yes No

Banquet Room Facilities? Yes No

ICE MACHINES

Will facility have ice machines:

Available in public areas? Yes No If so, how many? _____

If so, are they automatic dispensing? Yes No

LAUNDRY FACILITIES

Will establishment have laundry facilities:

Onsite at the establishment? Yes No

If so, where is the onsite service located? _____

Contract laundry service? Yes No

POOL INFORMATION

Will facility have:

Spa(s)? Yes No

If so, how many: Indoor Outdoor

Swimming Pools? Yes No

If so, how many: Indoor Outdoor

Certified Pool Operator? Yes No

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify final approval.

Signature(s): _____

Owner or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing hotel establishments. Plan review fees are not refundable.

For Official Use: Plan Coordinator: _____ Date: _____ EHS: _____ Date: _____
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9/13/19

ACKNOWLEDGEMENT OF OPERATIONAL LIMITATIONS

As part of your application for a permit to operate a hotel, campground, or summer camp please read the following amendment to Section 35.1-18 of the *Code of Virginia* which becomes effective July 1, 2004:

§ 35.1-18. License required; name in which issued; not assignable or transferable.

No person shall own, establish, conduct, maintain, manage, or operate any hotel, restaurant, summer camp, or campground in this Commonwealth unless the hotel, restaurant, summer camp, or campground is licensed as provided in this chapter. The license shall be in the name of the owner or lessee. No license issued hereunder shall be assignable or transferable. *The Board shall not issue a license to the owner or lessee of any hotel, summer camp or campground in this Commonwealth that maintains, or conducts as any part of its activities, a nudist camp for juveniles. A "nudist camp for juveniles" is defined to be a hotel, summer camp or campground that is attended by openly nude juveniles whose parent, grandparent, or legal guardian is not also registered for and present with the juvenile at the same camp.* (§ 35.1-18, Code of Virginia, Effective Date 1 July 2004)

I acknowledge that I have read Section 35.1-18 of the *Code of Virginia*, as amended. By my signature below, I hereby certify that a "nudist camp for juveniles," as defined above, **will not** be maintained or conducted as any part of the activities of the facility for which I am applying for a permit to operate.

Furthermore, I understand that my refusal or failure to sign this Acknowledgement will result in the Virginia Department of Health denying my permit to operate the facility in question. If after signing this Acknowledgement, a "nudist camp for juveniles," as defined above, is maintained or conducted at a facility for which a permit has been issued, the Virginia Department of Health may revoke the permit to operate the facility.

Signed: _____

Date: _____

Print Name: _____

Title: _____