

Additional Amenities

Will the establishment be preparing, serving, or selling food? Yes No

Does the permit include building or renovating a water recreation facility (e.g., pool, spa, or interactive fountain)?
 Yes No

Note: If you plan to have a food establishment or water recreation facility, you must submit **separate plan review applications** and **apply for any necessary permits**.

Required Supplemental Information

		Approved (office use only)
This application must include a site map and any supplemental material necessary to review the following items*:		
<input type="checkbox"/>	Proposed method and location of the sewage disposal system (e.g., public sewer, onsite sewage system, discharge system)	<input type="checkbox"/>
<input type="checkbox"/>	Proposed water supply and details of distribution system (e.g., public water hookup, hotel operates its own waterworks, water fountains, water heaters)	<input type="checkbox"/>
<input type="checkbox"/>	Plans for all buildings and structures, including interior finishes (please include specifications on building finishes, including floors, walls, and ceilings)	<input type="checkbox"/>
<input type="checkbox"/>	Floorplan/layout of hotel	<input type="checkbox"/>
<input type="checkbox"/>	Specifications for laundry facilities	<input type="checkbox"/>
<input type="checkbox"/>	Dish and ware-washing facilities	<input type="checkbox"/>
<input type="checkbox"/>	Ice machines	<input type="checkbox"/>
<p>*During plan review, the Environmental Health Program may require submission of additional information to determine regulatory compliance.</p> <p>*This plan review will not determine whether the proposed hotel/motel/bed and breakfast will comply with all operational requirements of 12VAC5-431, the Sanitary Regulations for Hotels.</p>		

Certification

By signing below, I attest to the accuracy of the information provided in the application. I agree that I will comply with the Code of Virginia Sanitary Regulations for Hotels, 12 VAC 5-431.

Owner Name: _____ Date: _____

Signature: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Receipt #: _____ Admin Name: _____

Posted: _____