



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: _____