

Application for Hotel Plan Review

Instructions

Submit your application and \$40.00 fee online using the ePlan Review portal <https://archives.arlingtonva.us/planreview>. You may also submit paper plans and pay the fee in-person at the Inspection Services Division, 2100 Clarendon Blvd., Suite 1000.

Any person desiring to operate a hotel should apply for an operational permit **at least 30 days prior to the opening of the hotel.**

Please indicate where you would prefer to receive correspondence.

Hotel address Corporate Owner address Hotel Owner address

Hotel Information

Hotel Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Corporate Owner Information (If Applicable)

Corporate Owner Name: _____

Address (if different than hotel address): _____

Phone: _____ Fax: _____

Email: _____

Hotel Owner Information

Owner Name and Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Co-Owner Name and Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

| Application Type | |
|--|--|
| <input type="checkbox"/> Construction/conversion of a new hotel, or | |
| <input type="checkbox"/> Remodeling or addition to an existing property: | |
| <input type="checkbox"/> Currently regulated by Arlington County | |
| <input type="checkbox"/> Not currently regulated by Arlington County | |
| <p>Note: If you plan to have a water recreation facility (e.g., swimming pool, spa/hot tub), interactive water feature, or food service establishment at this facility, you must submit separate plan review applications and apply for any necessary permits.</p> | |
| Proposed facility type: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed and Breakfast | |

| Required Supplemental Information | | |
|---|--------------------------|----------------------------------|
| This application must include a site map and any supplemental material necessary to review the following items*: | | Approved (office use only) |
| <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"/> |
| <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"/> |
| <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"/> |
| <input type="checkbox"/> Floorplan/layout of hotel | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Specifications for laundry facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dish and ware-washing facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ice machines | <input type="checkbox"/> | <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 this statement, I attest to the accuracy of the information provided in the application. I understand this form contains information subject to disclosure under §2.2-3700 of the Code of Virginia. | |
| _____ Owner Signature | _____ Date |

| OFFICE USE ONLY | |
|-----------------|-------------|
| Receipt #: | Admin Name: |
| Posted: | |