



Homestay Permit Application

For additional information, see
www.christiansburg.org/Homestay

DATE RECEIVED _____

Instructions: Please complete the first page of the application and pay the safety inspection fee. Applications may be submitted in person, via mail, or through email with electronic signature. Once the payment is received, the Building Department will contact you to schedule a safety inspection. Once your application is approved, you will be required to obtain a business license from the Finance Department and remit the applicable lodging tax on a monthly basis.

Applicant Name _____ Phone _____

Applicant Address _____ Email _____

Property Owner _____ Property Owner Address _____

Applicant Self-Certification of Homestay Use Regulations

By affirming the following statements, the applicant certifies the homestay shall be operated in compliance with the homestay use regulations, as required in Sec. 42-664 (b) of the Christiansburg Town Code

- Yes No This is my primary residence. (*Primary residence means a person’s principal home. If an applicant has more than one home, their primary residence is the home where they live for more than half of the calendar year).
- Yes No No additional services other than short-term rental will be provided for compensation.
- Yes No Living accommodations for guests shall only be provided in the main home.
- Yes No The minimum contract rental period will be at least 24 hours.
- Yes No The guest party occupancy shall not exceed two families or eight occupants, whichever number is greater and there shall never be more occupants than permitted by the Virginia Uniform Statewide Building Code.
- Yes No No outdoor signs in conjunction with the homestay shall be displayed on the property.
- Yes No Parking will be limited to the driveway, garage, or portion of the street in front of the property.
- Yes No Guests will not park recreational vehicles, trailers, buses, or commercial vehicles on the property.
- Yes No The garbage/recycling collection schedule and guidelines shall be posted in a prominent location inside the home.

The undersigned applicant hereby understands and agrees to the provisions of Chapter 18 “Finance” and Chapter 42 “Zoning” of the Christiansburg Town Code regarding homestays. **This permit expires on December 31 and must be renewed annually by March 1.**

Applicant Signature / Acknowledgement of Conditions _____

Date _____

Property Owner Signature (if other than applicant) / Acknowledgement of Conditions _____

Date _____



FOR OFFICE USE ONLY:

HOMESTAY SAFETY INSPECTION

Emergency Escape and Rescue Openings

- Yes No Any designated sleeping room(s) shall have (1) emergency and escape rescue opening.
- Yes No The required opening shall comply with the code in effect at the time the dwelling was constructed.

Smoke Alarms

- Yes No Smoke alarms shall be located in the following locations:
1. In each sleeping room.
 2. Outside each sleeping area in the immediate vicinity of the bedrooms.
 3. On each story of dwelling including the basement.
- Battery powered smoke alarms are permitted if the dwelling does not have electrically connected alarms.

Carbon Monoxide Detectors:

- Yes No Carbon monoxide detectors shall be located in the following locations for dwellings with gas appliance or attached garages.
1. In the immediate vicinity of the bedrooms and in each sleeping area.

Fire Extinguishers:

- Yes No Fire extinguishers shall be located in the kitchen area to be visible and easily accessible.
- Yes No Fire extinguisher shall be of Type 2-A: 10-B: C or an approved equivalent.

Egress and Emergency Contact:

- Yes No The Homestay operator should make available to their guests a map showing escape routes and emergency contact information in case of emergency.
- Yes No Access (Main Entrance) to the dwelling shall be safe and in compliance with the Virginia Maintenance Code.

Pass Fail **Safety Inspection** Inspector: _____ Date: _____

Remarks: _____

Zoning District:		Safety Inspection Fee: \$ ___ N/A ___	
Parcel ID:		State Surcharge (2%): \$ ___ N/A ___	
Dwelling Type:		Total: \$ ___ NA ___	
Approved	Disapproved	Planning Director _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Building Official _____	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>		