



# TOWN OF CHRISTIANSBURG

100 East Main Street  
Christiansburg, VA 24073

Phone: (540) 382-6120  
Email: [planning@christiansburg.org](mailto:planning@christiansburg.org)

DATE RECEIVED \_\_\_\_\_

For additional information, see  
[www.christiansburg.org/homestay](http://www.christiansburg.org/homestay)

## Homestay Permit Application

**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: \$ _____									
Parcel ID:	State Surcharge (2%): \$ _____									
Dwelling Type:	Total: \$ _____									
<table style="width: 100%;"><tr><td style="width: 15%; text-align: center;"><b>Approved</b></td><td style="width: 15%; text-align: center;"><b>Disapproved</b></td><td style="width: 70%;"></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Planning Director _____ Date: _____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>Building Official _____ Date: _____</td></tr></table>	<b>Approved</b>	<b>Disapproved</b>		<input type="checkbox"/>	<input type="checkbox"/>	Planning Director _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	Building Official _____ Date: _____	
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