

Northumberland County
SHORT-TERM RENTAL APPLICATION
Checklist for Applicants

The following regulations must be observed:

- Completed Short Term Rental Application

- All rentals shall have approved sanitary facilities approved by the Virginia Department of Health.
 - o Official Documentation from the Local Health Department (VDH) depicting the MAXIMUM number of allowable bedrooms and any use restrictions associated with the permit.
 - o Dwelling occupancy shall conform to VDH requirements for the number of bedrooms.
 - o In the event that the dwelling is currently utilizing a municipal or central sewage system, only the number of bedrooms that were permitted through the Building and Zoning Permit process, shall be allowed for occupation.

- Request exceeds 5 bedrooms.
 - o Yes
The owner/operator shall comply with the use group requirements as determined by the Building Official
 - o No

- The owner/operator shall provide complete contact information, which shall include but not be limited to, a current phone number, an email address, and current address of the party responsible for management of the use.

- Adequate off-street parking shall be provided for all vehicles, which shall include but be not limited to: cars, trucks, boats, jet skis and recreational vehicles. Said parking shall be demonstrated with a site plan and/or sketch when applying for the Zoning Permit. There shall be at least one off-street parking space for each bedroom and no on-street parking.

The Zoning Administrator, may, if determined necessary, require screening on or generally along the property line with an adjoining property. This screening may be fencing or vegetation that achieves the same screening component as fencing.

Please sign to acknowledge the rules and regulations listed above.

Property Owner:

Date:

Northumberland County
Department of Building and Zoning
Short Term Rental Application

TO BE COMPLETED BY APPLICANT:

Parcel Size: _____ Current Use: _____

Project Description / Rental Home Name: _____

E911 Address / Directions to Site: _____

Property Owner: _____

Mailing Address: _____ Email: _____

City, State, Zip: _____ Daytime Phone #: _____

Property Manager/Operator: _____

Mailing Address: _____ Email: _____

City, State, Zip: _____ Daytime Phone #: _____

Evening/Weekend Phone #: _____

Zoning

[] I hereby certify that I have the authority to make the foregoing application, that the application is correct and that construction and use will conform to the Northumberland County Zoning Ordinance, Subdivision Ordinance or any other applicable laws of Northumberland County, and the Commonwealth of Virginia..

Property Owner Signature

Date

OFFICE USE ONLY

Date: _____

Tax Map Number: _____

Magisterial District: _____

Fee: \$75.00

Zoning District: _____

Zoning Administrator

Date Complete Application Submitted: _____

Any person aggrieved by this notice may have the right of appeal. Any appeal shall be filed within thirty (30) days and be in accordance with Section 15.2-2311 of the Code of Virginia. This decision shall be final and unappealable if not appealed within thirty (30) days.