

Application Instructions

Please provide the following items and information requested in the checklist below along with the application found on pages 3-4.

Once your application and supporting materials have been submitted to the Department of Planning and Community Development, you will be contacted by the Zoning Office staff assigned to the project who will assist you and/or your representative during the process.

A summary of the Conditional Use Permit process is provided on the following page. If you have any questions regarding the process or the requests for information, please contact the Zoning Office at (757) 385-8074 or by email at zoning@vbgov.com.

Additional information about the Conditional Use Permit process and procedures can be found at www.vbgov.com/planning

*The Conditional Use Permit will not go into effect any time prior to November 1, 2019.

Application Checklist:

- Application**
- Property owner's signature and applicant's signature**
Note: A copy of the purchase contract for the property may be included in lieu of the property owner's signature if the contract clearly identifies approval of the application as a contingency of the contract.
- Disclosure Statement**
- Fee payable to "Treasurer, City of Virginia Beach"**
 - \$360 application and advertising (Public notice, certified mailing to adjacent property owners, and public notice signs) fee for residential applications.
- Property survey or site plan** (Unless concept plan includes current survey information).
- Parking plan** including:
 - Drawing depicting parking areas on the site;
 - A written description of accommodation of parking requirement.
- Proof of appropriate liability insurance (\$1,000,000)**
- Sworn statement from property owner** (If property owner will not be present at the hearing).

STR Conditional Use Process

Step 1 Application Submitted <i>3 to 4 months prior to hearing</i>	<ul style="list-style-type: none">•Application submitted in-person at the Department of Planning and Community Development or via Accela.•Deadline is the first business day of each month.
Step 2 Application Review <i>Up to 60 days</i>	<ul style="list-style-type: none">•Application assigned to a Staff planner and reviewed by City departments (Public Works, Public Utilities etc.)•Staff formulates a recommendation for Planning Commission's consideration.•Notification signs must be posted 30 days prior to hearing. The City will advertise twice in the Virginia-Pilot Beacon.
Step 3 Planning Commission Public Hearing <i>2nd Wednesday of each month</i>	<ul style="list-style-type: none">•Planning Commission reviews Staff's recommendation.•Members of the public have the opportunity to speak at hearing.•Planning Commission votes to recommend approval or denial to the City Council.
Step 4 City Council Hearing <i>2-4 weeks following Planning Commission</i>	<ul style="list-style-type: none">•City Council reviews both Staff's and Planning Commission's recommendations.•Members of the public have the opportunity to speak at hearing.•City Council approves, denies or defers the application.
Step 5 Approval <i>(if applicable)</i>	<ul style="list-style-type: none">•Applicant will receive an approval letter from the Zoning Office.•Applicant will receive a Zoning Compliance Permit issued by the Zoning Office (no charge).
Step 6 Registration	<ul style="list-style-type: none">•Applicant will register with the Commissioner of Revenue Office.

Conditional Use Permit – Short Term Rental



City of Virginia Beach

Planning & Community
Development

Date Submitted _____

Contact Information

Applicant's Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Agent or Contact Person _____

Address *(optional)* _____

City *(optional)* _____ State *(Optional)* _____ ZIP *(Optional)* _____

Phone _____ Email *(optional)* _____

Property Owner's Name *(If different from Applicant)* _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Property Information

Address or Location _____

GPIN(s) _____

Land area (acres or square feet) _____ City Council Election District _____

Zoning District _____ Overlay District Yes No (If yes, specify _____)

Number of Bedrooms _____ Insurance Yes No (If yes, specify amount _____)

Parking Plan Submitted Yes No (If yes, specify # of spaces _____) Subdivision _____

If you need assistance with obtaining any of the above information, please contact the Planning and Community Development Department for assistance at (757) 385-4621.

APPLICANT'S NAME _____

DISCLOSURE STATEMENT FORM

The completion and submission of this form is required for all applications that pertain to City real estate matters or to the development and/or use of property in the City of Virginia Beach requiring action by the City Council or a board, commission, or other body appointed by the City Council. Such applications and matters include, but are not limited to, the following:

Acquisition of Property by City	Disposition of City Property	Modification of Conditions or Proffers
Alternative Compliance, Special Exception for	Economic Development Investment Program (EDIP)	Nonconforming Use Changes
Board of Zoning Appeals	Encroachment Request	Rezoning
Certificate of Appropriateness (Historic Review Board)	Floodplain Variance	Street Closure
Chesapeake Bay Preservation Area Board	Franchise Agreement	Subdivision Variance
Conditional Use Permit	Lease of City Property	Wetlands Board
	License Agreement	

The disclosures contained in this form are necessary to inform public officials who may vote on the application as to whether they have a conflict of interest under Virginia law.

SECTION 1 / APPLICANT DISCLOSURE

FOR CITY USE ONLY / All disclosures must be updated two (2) weeks prior to any Planning Commission and City Council meeting that pertains to the application(s).

Page 1 of 7

<input type="checkbox"/>	APPLICANT NOTIFIED OF HEARING	DATE:	
<input type="checkbox"/>	NO CHANGES AS OF	DATE:	
<input type="checkbox"/>	REVISIONS SUBMITTED	DATE:	

Check here if the **APPLICANT IS NOT** a corporation, partnership, firm, business, or other unincorporated organization.

Check here if the **APPLICANT IS** a corporation, partnership, firm, business, or other unincorporated organization.

(A) List the Applicant's name: _____
If an LLC, list all member's names:

If a CORPORATION, list the the names of all officers, directors, members, trustees, etc. below: *(Attach list if necessary)*

(B) List the businesses that have a parent-subsiary ¹ or affiliated business entity ² relationship with the Applicant: *(Attach list if necessary)*

See next page for information pertaining to footnotes ¹ and ²



SECTION 2 / PROPERTY OWNER DISCLOSURE

Complete Section 2 only if property owner is different from Applicant.

Check here if the **PROPERTY OWNER IS NOT** a corporation, partnership, firm, business, or other unincorporated organization.

Check here if the **PROPERTY OWNER IS** a corporation, partnership, firm, business, or other unincorporated organization, **AND THEN**, complete the following.

(A) List the Property Owner's name: _____
If an LLC, list the member's names: _____

If a Corporation, list the names of all officers, directors, members, trustees, etc. below: *(Attach list if necessary)*

(B) List the businesses that have a parent-subsiary ¹ or affiliated business entity ² relationship with the Property Owner: *(Attach list if necessary)*

¹ "Parent-subsiary relationship" means "a relationship that exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation." See State and Local Government Conflict of Interests Act, Va. Code § 2.2-3101.

² "Affiliated business entity relationship" means "a relationship, other than parent-subsiary relationship, that exists when (i) one business entity has a controlling ownership interest in the other business entity, (ii) a controlling owner in one entity is also a controlling owner in the other entity, or (iii) there is shared management or control between the business entities. Factors that should be considered in determining the existence of an affiliated business entity relationship include that the same person or substantially the same person own or manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a close working relationship between the entities." See State and Local Government Conflict of Interests Act, Va. Code § 2.2-3101.

SECTION 3. SERVICES DISCLOSURE

Are any of the following services being provided in connection with the subject of the application or any business operating or to be operated on the Property. If the answer to any item is YES, please identify the firm or individual providing the service: IF THE OWNER AND APPLICANT ARE DIFFERENT, EACH MUST COMPLETE THE SECTION SEPERATELY

APPLICANT

YES	NO	SERVICE	PROVIDER (use additional sheets if needed)
<input type="checkbox"/>	<input type="checkbox"/>	Accounting and/or preparer of your tax return	
<input type="checkbox"/>	<input type="checkbox"/>	Architect / Landscape Architect / Land Planner	
<input type="checkbox"/>	<input type="checkbox"/>	Contract Purchaser (if other than the Applicant) - identify purchaser and purchaser's service providers	
<input type="checkbox"/>	<input type="checkbox"/>	Any other pending or proposed purchaser of the subject property (identify purchaser(s) and purchaser's service providers)	
<input type="checkbox"/>	<input type="checkbox"/>	Construction Contractors	
<input type="checkbox"/>	<input type="checkbox"/>	Engineers / Surveyors/ Agents	
<input type="checkbox"/>	<input type="checkbox"/>	Financing (include current mortgage holders and lenders selected or being considered to provide financing for acquisition or construction of the property)	
<input type="checkbox"/>	<input type="checkbox"/>	Legal Services	
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Brokers / Agents/Realtors for current and anticipated future sales of the subject property	

SECTION 4. KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE

YES	NO	<p>Does an official or employee of the City of Virginia Beach have an interest in the subject land or any proposed development contingent on the subject public action?</p>
<input type="checkbox"/>	<input type="checkbox"/>	

If yes, what is the name of the official or employee and what is the nature of the interest? _____

CERTIFICATION:

I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.

I understand that, upon receipt of notification that the application has been scheduled for public hearing, **I am responsible for updating the information provided herein two weeks prior to the Planning Commission, Council, VBDA meeting, or meeting of any public body or committee in connection with this Application.**

APPLICANT'S SIGNATURE	PRINT NAME	DATE

OWNER

YES	NO	SERVICE	PROVIDER (use additional sheets if needed)
<input type="checkbox"/>	<input type="checkbox"/>	Accounting and/or preparer of your tax return	
<input type="checkbox"/>	<input type="checkbox"/>	Architect / Landscape Architect / Land Planner	
<input type="checkbox"/>	<input type="checkbox"/>	Contract Purchaser (if other than the Applicant) - identify purchaser and purchaser's service providers	
<input type="checkbox"/>	<input type="checkbox"/>	Any other pending or proposed purchaser of the subject property (identify purchaser(s) and purchaser's service providers)	
<input type="checkbox"/>	<input type="checkbox"/>	Construction Contractors	
<input type="checkbox"/>	<input type="checkbox"/>	Engineers / Surveyors/ Agents	
<input type="checkbox"/>	<input type="checkbox"/>	Financing (include current mortgage holders and lenders selected or being considered to provide financing for acquisition or construction of the property)	
<input type="checkbox"/>	<input type="checkbox"/>	Legal Services	
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Brokers / Agents/Realtors for current and anticipated future sales of the subject property	

SECTION 4. KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE

YES	NO	Does an official or employee of the City of Virginia Beach have an interest in the subject land or any proposed development contingent on the subject public action?
<input type="checkbox"/>	<input type="checkbox"/>	

If yes, what is the name of the official or employee and what is the nature of the interest?

CERTIFICATION:

I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.

I understand that, upon receipt of notification that the application has been scheduled for public hearing, **I am responsible for updating the information provided herein two weeks prior to the Planning Commission, Council, VBDA meeting, or meeting of any public body or committee in connection with this Application.**

PROPERTY OWNER'S SIGNATURE	PRINT NAME	DATE

Short Term Rental Registration and Renewal Form

Address of the Short-Term Rental (STR):

Applicant Information:

Name: _____

Telephone #: _____ Email Address: _____

Mailing Address: _____

If this is a renewal application, has the applicant's address changed since the last submittal (yes or no)?

If yes, please provide the applicant's previous address: _____

Contact person or agent responsible for addressing conditions related to the property:

(Please note: A city 311 operator or zoning staff person will notify the emergency contact person listed if there is an issue with the STR that requires immediate attention. The emergency contact must be able to respond within 30-minutes of notification. A physical response to the site is not required)

Name: _____

Telephone #: _____ Email Address: _____

Application Checklist:

All of the below listed information must be acknowledged by providing the initials of the applicant to the left of the subject and all applicable documents must be submitted as described. By initialing each item, the applicant agrees that they have read and understand the information provided.

_____ **Parking Plan**

Please provide an up-to-date physical survey of the STR property. The STR is required to have one 9-foot by 18-foot off-street parking space per bedroom. Parking spaces must be made of concrete, asphalt, or concrete parking pavers. If compliance with the required number and/or material type cannot be met, please submit a detailed parking plan describing how the STR parking needs will be met. This parking plan will be reviewed and a compliance decision will be generated by the zoning administrator.

_____ **Proof of Insurance**

Please provide proof of the required \$1 million-dollar insurance coverage for the short-term rental location.

_____ **Maximum number of contracts**

(STRs shall have no more than two (2) rental contracts during any consecutive seven (7) day period)

Short Term Rental
Registration and Renewal Form



_____ **Contact person or agent information update acknowledgment**

If the contact person or agent information changes, it is the responsibility of the owner or agent of the STR property to notify the Planning Department **immediately**. Operating an STR without a valid emergency contact is a violation of the required conditions of the registered use.

_____ **A copy of Section 241.2 of the City Zoning Ordinance (CZO) has been received**

It is the responsibility of the owner of the STR to ensure compliance with Article 2A, Section 241.2 of the CZO. A copy of the ordinance is attached to this registration form.

Additional Forms to Submit:

Proof of registration

Please provide a copy of the STR receipt of registration – this document was generated by the Commissioner of the Revenue (COR) and given to the STR registrant at the time of registration.

Proof of taxes paid

Please provide a copy of all transient occupancy tax receipts paid to the COR prior to July 1, 2018 – these document(s) can be generated by the COR. Please contact 385-4515 for a copy if one is not readily available.

I _____ certify that I am the legal owner or agent of the property containing an STR located at _____ in the City of Virginia Beach, VA. Furthermore, I confirm that I have read, understand, and will adhere to all the conditions set forth in Article 2A, Section 241.2 of the City Zoning Ordinance.

Signature of STR owner or agent _____ Date: _____

FOR OFFICE USE ONLY

Date of Registration: _____ Renewal Date: _____

Record number: _____

Processed by (zoning staff person): _____

Grandfather status:

Valid

Invalid (Failure to register with the Commissioner of the Revenue and failure to pay STR taxes prior to July 1, 2018)