



TOWN VIRGIN
 114 S. Mill Street
 PO Box 790008
 Virgin, UT 84779
 (435) 635-4695

TOWN USE ONLY

Application Fee: \$100.00 (non-refundable)
 Annual Renewal: \$50.00 (non-refundable)
 Date of Application: _____

RESIDENTIAL HOSTING FACILITY (RHF) APPLICATION

Please complete each statement below. Incomplete applications will not be accepted. The Town of Virgin reserves the right to accept or reject all applications for a RHF within the Town limits of Virgin, Utah.

Property Owner Information

Owner Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Telephone: _____ Cell Phone: _____
 Email address: _____

RHF Information

Residential Hosting Facility Property Address: _____
 Social Security #: _____ Utah State Sales Tax #: _____ Transient Room Tax #: _____

Maximum Number of Overnight Occupants (10 occupants maximum - including the owner and his/her family unit): _____

*****The applicable occupancy limits of the proposed RHF will be established by local health (8+ occupants) and fire safety codes and verified by the Washington County Health Department (8+ occupants) and the local fire authority provide inspection reports.*****

DIAGRAM OF THE RHF, CLEARLY DEPICTING EACH BEDROOM OR SLEEPING AREA AND BATHROOM ("RHF GUEST QUARTER(S)") OF THE DWELLING UNIT WHERE GUESTS WILL PRIVATELY RESIDE.)

Number of On-site Parking Spaces: _____ (Refer to Chapter of VULU Off Street Parking Requirements)

DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED

Advertising Website Address (must be supplied to the Town within 30 days of approval): _____

REQUIRED FOR ALL PROPERTIES:

1. *Inspection reports and occupancy limits from the Fire authority and Washington County Health Department.*
2. *A set of self-addressed, postage-paid envelopes correctly addressed to all property owners within 300 feet from the exterior boundaries of the parcel upon which the RHF is proposed. Town Staff will send written notice to neighbors of the proposed RHF and provided them with the standards that all RHF's must follow.*

I certify that all information contained herein is accurate, to the best of my knowledge. I certify that I have read, understand, and will comply with the RHF regulations listed in the Town of Virgin VULU Chapter 30.2. I certify that all designated bedrooms meet all local safety and building code requirements. I acknowledge that I will post the notice required in Town of Virgin VULU Chapter 30.2 in this RHF rental. I acknowledge that prior to using this property as a RHF rental I must obtain all pertinent inspection approvals and pay all fees due. I acknowledge that the Town has the right to inspect this property. I will notify the Town of changes to the permit, management, mailing address, or change of ownership. I understand I must keep my license current and that change of ownership is non-transferrable.

Signature Property Owner: _____ **Date:** _____

Date Paid: _____ Staff Approval: _____ (2 Initials) Account Number: _____