



Short-Term Rental (STR) Conditional Use Permit Application

Contact Information

Applicant Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Applicant's Representative _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Property Owner Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Property Information

Search [City's online GIS "VBMap"](#) for detailed property information.

Address or Location _____

GPIN(s) _____

Land Area (acres or square feet) _____ Local Election District _____

Zoning District _____ Subdivision _____

Overlay District Yes No (If yes, specify _____)

Is the subject property part of a condominium form of ownership? Yes No

If yes, please complete Condominium/Co-Owner Certification section on p. 2.

Short-Term Rental Information

Type of Dwelling (single-family, duplex, etc.) _____

Number of Bedrooms _____ Maximum Occupancy (2 persons per bedroom) _____

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

Liability Insurance Yes No (If yes, specify amount _____)

Registered with Commissioner of Revenue Yes No (If yes, date registered _____)

*If you need assistance obtaining any of the above information, please contact the Planning and
Community Development Department at (757) 385-4621 or PlanAdmn@VBgov.com.*



Acknowledgements

Maximum occupancy is two persons per bedroom.

Maximum number of rentals per seven day period is one.

Short-Term Rental Details

Please provide any additional information regarding the operation of the property as a short-term rental.

Applicant/Property Owner or Authorized Representative Certification

I/we certify that all information provided is true and correct.

Property Owner or Authorized Representative (Print)

Property Owner/Representative Signature

Date

Property Owner or Authorized Representative (Print)

Property Owner/Representative Signature

Date

Condominium/Co-Owner Certification (if applicable)

I/we certify that I/we agree with the request as submitted by the applicant listed above.

All legal owners listed as part of the condominium shared ownership must sign below. If the condominium has more than four members and a management company is contracted to oversee the property, the legal representative of the management company and the condominium president may sign on behalf of the neighboring condominium owners.

Condominium/Co-Owner (Print Name & Unit #)

Condominium Co-Owner Signature

Date

Condominium/Co-Owner (Print Name & Unit #)

Condominium Co-Owner Signature

Date

Condominium/Co-Owner (Print Name & Unit #)

Condominium Co-Owner Signature

Date

Condominium/Co-Owner (Print Name & Unit #)

Condominium Co-Owner Signature

Date