



Short-Term Rental (STR) Information

Street Address of STR: _____

Name of STR Owner: _____

Phone: _____ Email: _____

Emergency Contact Person

If there is an STR-related matter requiring immediate attention, a City 311 Operator, Police Dispatcher, or Zoning Staff member will notify the emergency contact, who must be able to respond within 30 minutes of notification. A physical response to the site is not required.

Emergency Contact Person: _____

Management Company Name (if applicable): _____

Phone: _____ Email: _____

STR Application Submittal List

All items listed below must be submitted and verified by Zoning Administration/STR Team:

Insurance Policy, if STR owner is not the policy holder

Updated Signage

Sworn Statement

Authorized Change of Management

I certify that I am the property owner, or representative of the property owner, and am authorized to request a change in management and update the records associated with the address noted above. I also confirm that I will adhere to all applicable Commonwealth of Virginia and City of Virginia Beach codes, ordinances, and policies pertaining to Short-Term Rental use and activities thereon.

Name

Property Owner

Representative

Signature

Date