



## TOWN OF IRVINGTON

P.O. Box 174  
Irvington, VA 22480  
(804) 438-6230  
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### Internal Use Only

RECEIVED \_\_\_\_\_  
APP FEE PD \_\_\_\_\_  
APPLICATION# \_\_\_\_\_  
PC Public Hearing \_\_\_\_\_  
TC Public Hearing \_\_\_\_\_

### **APPLICATION FOR A CONDITIONAL USE PERMIT TO OPERATE A SHORT TERM RENTAL (\$200 Fee)**

Applicant Name(s): \_\_\_\_\_

Official Owner(s) of Record (if different than applicant): \_\_\_\_\_

If not the owner, the applicant is (check one):

- ☐ An agent of the owner of the property (must provide documentation from the Owner)  
☐ In the process of buying the property (must provide documentation)

Applicant Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tax Map Parcel # : \_\_\_\_\_

Street Address of Property: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager/Responding Party within 60 minutes, name and phone #: \_\_\_\_\_

Commercial General Liability Insurer: \_\_\_\_\_

Number of legal bedrooms in the property: \_\_\_\_\_ (2 persons/one child max occupancy per bedroom)

Is the owner of the property intending to occupy it at all? Yes \_\_\_\_\_ No \_\_\_\_\_

Is off street parking available? Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated number of spaces: \_\_\_\_\_

The prohibited activity at Short Term Rentals must be prominently placed/displayed in a minimum 12 point font; has this been done? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when will it be done? \_\_\_\_\_

Is there a wood burning fire pit on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there working smoke detectors installed for each bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there working Carbon Monoxide detectors on each floor level if propane is present? Yes \_\_\_\_\_  
No \_\_\_\_\_

Does the kitchen have a working fire extinguisher? Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification**

State of Virginia, Town of Irvington, To Wit

I (We) being duly sworn, depose and say that I am the Owner/Or Agent of Owner/Or in the process of buying and becoming the Owner of the property involved in the application. If I am not the Owner, I have attached written certification from the owner, or copy of a purchase agreement, granting me the right to submit this application. I further declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application and that the foregoing statements and answers provided herein are in all respects true and correct.

I have read this application, understand its intent, and freely consent to its filing. Furthermore, I have the power to authorize and hereby grant permission to Town of Irvington officials and other authorized government agents on official business to enter the property as necessary to process this application and to monitor compliance with any permit issued hereunder. I hereby have posted a notice on my property, near the boundary, in a place visible to the public notifying the public of my application.

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Signature of Applicant

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Date

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Signature of Secondary Applicant

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Date