



PLANNING COMMISSION

BOARD OF ZONING APPEALS

GREENE COUNTY PLANNING DEPARTMENT  
Post Office Box 358  
Stanardsville, Virginia 22973

Tel: 434-985-5282  
Fax: 434-985-1459

www.greencountyva.gov  
planning@gcva.us

Case# \_\_\_\_\_

**Application for Tourist Lodging**

**Contact Person/Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Owner of Record** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Number of guest rooms \_\_\_\_\_ Zoning District \_\_\_\_\_ Tax Map Number \_\_\_\_\_

**Zoning Ordinance Regulations pertaining to Tourist Lodging**

**16-25 Tourist Lodging (Revised 9/29/2021)**

**16-25-1** Regulations pertaining to tourist lodging permitted by-right in the A-1 and C-1 zoning districts:

1. No more than five (5) guest rooms contained within the primary structure.
2. No more than four (4) events per year. Each event shall be in accordance with Article 16-19, temporary events zoning permits.
3. One (1) dwelling per parcel is permitted for tourist lodging and shall be in accordance with all applicable zoning district requirements (yards, setbacks, heights, etc.).

**Owner/Applicant Must Read and Sign**

**I hereby certify that I own the subject property, or have the legal power to act on behalf of the owner in filing this application. I also certify that the information provided on this application and accompanying information is accurate, true, and correct to the best of my knowledge.** By signing this application, I am consenting to written comments, letters, and *or notifications regarding this application being provided to me or my designated contact via fax or email.* This consent does not preclude such written communication from also being sent via first-class mail. I also consent to give Planning/Zoning Staff the right to enter this property to conduct inspections, if necessary.

Signature of Owner/Agent or Contract Purchaser \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone number of Signatory \_\_\_\_\_

Inspector Approval \_\_\_\_\_ Fee \_\_\_\_\_ Receipt # \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_