



TOWN OF ABINGDON, VIRGINIA
HomeStay Application

Date Received: _____ Permit No.: _____
Receiving Clerk: _____ Planning Approval: _____

- NOTE:**
- 1. Submit completed application to the Planning Department.**
 - 2. Contact information and helpful hints can be found at the bottom of this form.**
 - 3. Approved registrations are valid through the calendar year in which approved**
 - 4. Registration must be renewed annually. The deadline for submitting renewal application is March 1st for the following year.**
 - 5. Regulations apply only to HomeStay within the Town limits of the Town of Abingdon.**
 - 6. APPLICANT SHOULD EXPECT up to a 30 DAY APPLICATION PROCESSING PERIOD.**

OWNER INFORMATION:

Name of property owner: _____

Address of HomeStay: _____

Ownership as listed on Washington County/Town of Abingdon property records:

Email address (please print): _____

Primary Phone No.: _____

Number of days of Type A rental anticipated? _____

Number of days of Type B rental anticipated? _____

Hosting platform(s) you are considering using (*i.e. AirBnB, Craigslist, HomeAway, etc.*)

Does your HomeStay share any common walls or driveways with another property owner? Yes No

If yes, you must provide proof with this application that you have notified the adjoining property owner in writing of your intent to apply for a HomeStay. Please provide a copy of the letter(s) with this application.

Responsible Party:

Individual or business entity located within 30 miles who will be available 24 hours a day, 7 days a week, to respond to and resolve issues and complaints (in person, if necessary) that arise during the period of time in which the dwelling is being used as a HomeStay.

Name of Responsible Party: _____

Phone: _____ Email: _____

Address: _____

CERTIFICATIONS

I HEREBY CERTIFY THE FOLLOWING:

- I am the owner of the property where the HomeStay use is proposed and live at the HomeStay address.
- I have read §18-35 to §18-40 of the Town of Abingdon Code and agree to conform to all of the HomeStay regulations contained therein, including the safety requirements of §18.37.
- I understand that violations of the terms of this permit can result in its revocation.
- To address complaints, I agree to allow inspections of the HomeStay at reasonable times and after notice has been provided.
- I agree to pay all applicable lodging taxes.

Property Owner(s) Signature: _____

Printed Name: _____

Date: _____

NEED HELP?

If you have any questions about the HomeStay use or how to fill out this application, please contact the Planning Department (276) 628-3167 or 133 West Main Street. Office hours are M-F 8:30 am to 5:00 pm. The primary staff contact for HomeStay applications is Jason Boswell.

If you have questions about the Lodging Tax and/or Business License, please contact the Finance Department at (276) 628-3167 or 133 West Main Street. Office hours are M-F 8:00 am to 6:00 pm

The Town Code containing the adopted HomeStay ordinance and regulations may be access at www.abingdon.va.gov