

SELF-CERTIFICATION CHECKLIST FOR HOMESTAY HOSTS

NAME OF HOST: _____

ADDRESS OF HOMESTAY: _____

**Homestays are NOT permitted in R-1 or R-1M Residential, M-2 Industrial or MA-1 Medical Arts Zoning Districts.*

I certify that I have complied with the following:

- I am the primary resident of the home at this address.
- I will be present when guests are at my home.
- I have paid the \$100.00, one time fee to the Town Treasurer of the Town of Wytheville.
- I have obtained a Town of Wytheville Business License.
- I will report and pay the Town of Wytheville Lodging Tax (8% of the overnight charge). I will report monthly to the Town regardless of whether I host guests.
- I have provided one, off-street parking space for each guest room.
- Each guest room is at least 120 square feet and has reasonable access to a full bathroom. No more than two (2) adults will be allowed per guest room.
- The Homestay has been registered with the Building Official.
- No signs have been placed on the property identifying the Homestay.
- I have posted my name and phone number conspicuously within the Homestay unit.
- All primary guests are at least 18 years of age, and all children are accompanied by an adult of at least 18 years of age.
- I have no more than six (6) adult guests per night.
- Each sleeping room has reasonable egress (exit to the outside) from the unit through the hallways and stairways at least 3'-0" wide, and emergency egress consisting of a window or door with a clear opening of five (5) square feet at grade level, and 5.7 square feet if above grade level, a sill height of not more than 44 inches from the finish floor to the clear opening and a minimum clear height of not more than 24 inches with a net clear width of at least 20 inches.
- A working code compliant smoke detector is installed in each sleeping room. If the house has combustion appliances (gas or oil furnaces), there is a working carbon monoxide detector in the sleeping room.
- Each sleeping room has code compliant heat, light and ventilation.

SIGNED: _____

DATE: _____

DISTRIBUTION: Building Official Treasurer Planning Department