

TOWN OF COUPEVILLE

Bed and Breakfast Inn License Application

(License valid for one year only and nontransferable.)

Fees:

\$100 Issuance or renewal with inspection

\$50 Issuance or renewal without inspection

This Section Completed by Town Staff Only:

Town file no. _____ Date received _____
Fee \$ _____ Payment Date _____ Receipt No. _____

Regulations for Bed and Breakfast Inns are codified in Chapter 5.36 CTC and CTC 16.10.080. A Bed and Breakfast Inn is the use of a portion of a private residence or its accessory buildings where sleeping quarters are provided for monetary compensation for periods of thirty or fewer consecutive days. Guest quarters within a Bed and Breakfast Inn may include sleeping and bathroom facilities but cannot include cooking facilities other than a coffee maker, mini-fridge and/or a microwave oven. Rental of a complete dwelling unit, including sleeping, bathroom, and kitchen facilities, is a Short-Term Rental, which is regulated separately from a Bed and Breakfast Inn. The Bed and Breakfast Inn operator must reside on-site while guests are present.
Within residential zones (RR, LDR, RM 9,600, and HDR), a Bed and Breakfast Inn may have up to two guest rooms. Within commercial zones (HLC, TC, and GC), up to eight guest rooms are permitted. Guest rooms may be within an accessory building approved for habitation, provided the accessory building does not contain cooking facilities except as provided above.
Bed and Breakfast Inns in compliance with the limitations and requirements in Section 16.10.080 CTC do not require a land use permit but require an annual license. Operation of a Bed and Breakfast without a valid Bed and Breakfast Inn license or in any manner inconsistent with the information provided in the application or the conditions of approval of the license is a violation of the Coupeville Town Code.

Owner and Applicant Information

Applicant (operator of record) _____
Mailing address _____ City _____ State _____ ZIP _____
Phone _____ (24-hour contact when guests are present) Email: _____
Current Washington State business license (UBI) no. _____
Property owner (if different from applicant) _____
Mailing address _____ City _____ State _____ ZIP _____
Phone _____ Email _____

Property Information

Property address: _____
Parcel number(s): _____ Zoning: _____
Number of guest bedrooms: _____ Number of off-street parking spaces: _____
(One off-street parking space is required for each guest room and full-time equivalent employee not residing at the Inn.)
Is the residential unit part of a condominium? Y ___ N ___ (If yes, a signed letter from an officer of the condominium association approving the use of a condominium unit as a Bed and Breakfast Inn is required)
Is the site served by a septic system? Y ___ N ___ (If yes, total number of bedrooms on-site including guest rooms: _____ (Please provide Island County Health Department Septic Permit to confirm number of bedrooms served.)
Describe food storage and/or preparation equipment within rented rooms, suites, or buildings, if any: _____

TOWN OF COUPEVILLE

Operational information

Will food be provided or served to guests? Y _____ N _____ (If yes, unless served food will be limited to prepackaged or otherwise non-potentially hazardous foods per WAC 246-215-01115, please provide documentation of an Island County Health Department permit.)

Signage

Is new signage proposed: Y _____ N _____ (If yes, a sign permit may be required. Any signage must comply with the regulations in Chapter 16.28 CTC.)

Public safety

Has a fire inspection been conducted for a Bed and Breakfast Inn on the premises within the last five years?

Yes ___ please provide the inspection slip and a completed self-certification form.

No ___ a fire inspection must be conducted prior to issuance of the Bed and Breakfast Inn license.

Life-safety self-certification.

| | Y | N | Comment |
|--|---|---|---------|
| Smoke detectors/alarms | | | |
| Smoke alarms are UL listed and functioning. If battery-operated, new batteries were installed within the last 12 months. | | | |
| Smoke alarms are installed in accordance with the manufacturer's instructions within each sleeping room, outside each sleeping room in the immediate vicinity of the bedroom(s), on each habitable floor of the building, and as otherwise required by the building code. | | | |
| Carbon monoxide (CO) alarms | | | |
| CO alarms are UL listed and functioning. If battery-operated, new batteries were installed within the last 12 months. | | | |
| CO alarms are installed outside each sleeping room in the immediate vicinity of the bedroom(s) in accordance with the manufacturer's instructions, and as otherwise required by the building code. Where a fuel-burning appliance is within a bedroom, a CO alarm is installed within the bedroom. | | | |
| Fire extinguisher | | | |
| A pressurized and functioning fire extinguisher with a minimum 2A-10BC rating is conspicuously located on an egress route. | | | |
| Egress windows | | | |
| Windows within sleeping rooms are dimensioned and operable in accordance with the applicable adopted building codes. | | | |
| No rooms have been converted to sleeping rooms from other uses since the last fire inspection. Conversion to a sleeping use from a previous non-sleeping use requires a building permit. | | | |

TOWN OF COUPEVILLE

Declarations:

- I certify that the operator of record will reside on-site when guests are present.
- I certify that I am the property owner, that I have legal authority to sign as/for the property owner, or that I am authorized by the owner to use the property in the manner described in this application.
- I certify that any complaints from surrounding residents or property owners made to the owner or operator of the facility within the preceding year, together with the name(s) of complainant(s) if known, have been communicated in writing to the Town.
- I certify under penalty of perjury that the information furnished by me within this application and associated documentation is true and correct to the best of my knowledge. I further agree to hold the Town of Coupeville harmless as to any claim (including costs, expenses, and attorney fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the Town of Coupeville where such claim arises out of the reliance of the Town, its officers, and employees, upon the accuracy of the information supplied to the Town as part of this application.

Operator signature: _____ Date: _____

Property owner signature: _____ Date: _____

TOWN OF COUPEVILLE

Bed and Breakfast Inn

Submittal Checklist

| | |
|--|--|
| | Bed and Breakfast Inn license application form |
| | Scaled site plan identifying all off-street parking for residents and guests |
| | Floor plan identifying all rooms in the home or structure and their uses, exits, egress route(s), and the location of fire extinguisher(s) |
| | Proof of building/fire inspection within five years of application date and, if no fire inspection conducted in the prior year, a completed life-safety self-assessment form. A current transient accommodation license issued by the Washington State Department of Health may be provided in lieu of a life-safety self-assessment form. |
| | If applicable, an Island County Department of Health Food Service Establishment Permit |
| | Response to neighborhood complaints regarding Bed and Breakfast Inn operation received within prior 12-month period |
| | Signed letter from an officer of the condominium association approving the use of the condominium unit as a Bed and Breakfast Inn, if the unit is within a condominium |
| | Documentation on suitability of septic system, if required |
| | If the property owner is a corporation, documentation of signing authority on behalf of the corporation |
| | Application fee per the current fee resolution |