



## APPLICATION CHECKLIST

### Short Term Rental License (STR) – Town of Coupeville

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#### FILLING OUT AN APPLICATION:

- Neatly print all information and provide signatures in **blue** ink.
- **If someone other than the property owner is applying for the permit, the application must be accompanied by a signed and notarized Agent Authorization Form.** Applications will be reviewed to Coupeville Town Code Section 16.10.080.C.

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#### Please use the following checklist to ensure you provide all items listed below (CTC 5.38.040.A):

##### Applicant/Staff

- Completed Application Form, including original signatures of property owner(s) and applicable fees as established by the Town of Coupeville. Fees are \$100 for issuance or renewal *with fire inspection* and \$50 for issuance or renewal *without fire inspection*.
- Signed and notarized original Agent Authorization form if someone other than the property owner is applying for permit.
- Contact information for the **designated local contact** is provided on the application form.
- Current Washington State business license number is provided on the application form.
- Site plan to scale showing required parking spaces (two spaces per every three sleeping rooms CTC 16.12.070.C(4)). Site plan should also include the following:
  - Location and dimensions of existing structures and other improvements, such as buildings, driveways, utilities, propane tanks, fuels tanks and fences.
  - Assessor parcel number.
  - North Arrow and scale of drawing.
  - Exterior refuse containers.
- Floor plan identifying all rooms in the Short-Term Rental and their uses, exits, designated egress route(s) and the location of fire extinguisher(s).
- Copy of the rental agreement form.
- If the residential unit is within a condominium, a signed letter from an officer of the condominium association approving the use of the condominium unit as a Short-Term Rental.
- Proof of building/fire inspection within five years prior to application (if applicable).
- For license renewals, responses to any concerns or complaints identified by neighbors, related to the short-term rental use during the prior 12-month period. Responses shall document how the violation or concern has been addressed.
- Copy of a recent Island Disposal bill to confirm refuse collection through the Town's contract waste hauler.

#### FORM SUBMITTAL OPTIONS:

- Email: [permits@townofcoupeville.org](mailto:permits@townofcoupeville.org)  
In-Person: 4 NE 7<sup>th</sup> Street, Coupeville, WA (8:00 am to 4:30 pm, Monday through Thursday)  
US Mail: Town of Coupeville, 4 NE 7th Street, Coupeville, WA 98239

# TOWN OF COUPEVILLE

## Short-Term Rental License Application (Non-transferrable and requires annual renewal)

A Short-Term Rental is the rental of a complete dwelling unit for periods of thirty or fewer consecutive days. Regulations for Short Term Rentals are codified in Chapter 5.36, 5.38 CTC and CTC 16.10.080.

Short-Term Rentals are permitted uses within commercial zones (HLC, TC, and GC). Except where legally established prior to December 1, 2019, Short-Term Rentals are prohibited in any residential zone (RR, LDR, RM 9,600, and HDR). From 1998 to 2019, legal establishment of a Short-Term Rental in a residential zone required a Conditional Use Permit. A legally established Short-Term Rental in a residential zone will retain eligibility to apply for a Short-Term Rental license provided the use is not discontinued for over one year, as further described in CTC 16.10.080(C)(2).

Where allowed by Chapter 16.08 CTC and in compliance with the limitations and requirements in Section 16.10.080 CTC, Short-Term Rentals do not require a land use permit but require an annual license. Operation of a Short-Term Rental without a valid Short-Term Rental 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.

Application no.: \_\_\_\_\_ Date received: \_\_\_\_\_  
Fee: \_\_\_\_\_ Payment date: \_\_\_\_\_ Receipt no.: \_\_\_\_\_

### Owner and Local Contact Information

Property owner \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

Owner's agent (if applicable): \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

Owner's current Washington State business license (UBI) no. \_\_\_\_\_

### Property Information:

Property address: \_\_\_\_\_  
Parcel number: \_\_\_\_\_  
Zoning: \_\_\_\_\_ (If the site is in a residential zone, provide the Conditional Use Permit file number or other evidence of prior approval.)  
Number of guest bedrooms: \_\_\_\_\_  
Maximum number of guests: \_\_\_\_\_  
Number of off-street parking spaces: \_\_\_\_\_  
Is the residential unit part of a condominium? \_\_\_\_\_ (If yes, a signed letter from an officer of the condominium association approving the use of a condominium unit as a Short-Term Rental is required.)  
Is the unit part of a mixed-use development? \_\_\_\_\_ If yes, what other land uses are in the building or on the site? \_\_\_\_\_

## TOWN OF COUPEVILLE

Signage

Are new signs proposed? \_\_\_\_\_ (If yes, a sign permit may be required. Any signage must comply with the regulations in Chapter 16.28 CTC.)

Public safety

Has the residential unit proposed for Short-Term Rental been approved as habitable space in accordance with the building codes in effect at the time of its construction or conversion? \_\_\_\_\_ (If not, a building inspection may be required.)

Has a fire inspection been conducted for a Short-Term Rental within the last five years?

Yes \_\_\_\_ Inspection date \_\_\_\_\_ (If the inspection date is over one year from the application date, please complete the self-certification below.)

No \_\_\_\_ (A fire inspection must be conducted prior to issuance of the Short-Term Rental license.)

**Life-safety self-certification.**

	Y	N	Comment
<b>Smoke detectors/alarms</b>			
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.			
<b>Carbon monoxide (CO) alarms</b>			
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.			
<b>Fire extinguisher</b>			
A pressurized and functioning fire extinguisher with a minimum 2A-10BC rating is conspicuously located on an egress route.			
<b>Egress windows</b>			
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

Owner Declarations:

- I certify that I have read, understand, and will follow the Town of Coupeville regulations applicable to Short-Term Rentals.
- I certify that I am the property owner or that I have legal authority to sign on behalf of the owner(s).
- I certify that the local contact identified in this application will be available to respond in person to complaints or issues raised at the property licensed for Short Term Rental within one hour of notification at any time guests are in residence.
- I certify that all property improvements have been conducted, permitted, and inspected in compliance with codes in effect at the time they were constructed.
- I certify that any complaints from surrounding residents or property owners made to the owner or his/her/their local contact or agent 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.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

My relationship to the property is: \_\_\_\_\_  
(Owner, corporate officer, on title, etc.):

## Agent Authorization Form

I, \_\_\_\_\_, the owner(s) of the subject property, understand that by completing this form I hereby authorize \_\_\_\_\_ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to said agent.

1) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

2) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**State of Washington**            )  
**County of** \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated \_\_\_\_\_

Signature of  
Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_

Residing at \_\_\_\_\_

My appointment expires \_\_\_\_\_

1) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

2) \_\_\_\_\_  
Property Owner Name(s) (print)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**State of Washington**            )  
**County of** \_\_\_\_\_ )

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