

## BED AND BREAKFAST INN APPLICATION

*License valid for one (1) year only and nontransferable.*

Town of Coupeville  
4 NE Seventh Street  
Coupeville, WA 98239

Phone 360.678.4461  
<http://www.townofcoupeville.org>

## NEW BED & BREAKFAST ISSUANCE SUBMITTAL CHECKLIST

Use this checklist only if you are submitting an application for the **new issuance** of a Bed and Breakfast permit.

Please include all of the following documentation as part of your application submittal.

- 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 annual fire inspection  
or request for the Building Official to conduct a fire inspection.
- If applicable, an Island County Department of Health Food Service Establishment Permit
- If applicable, response to neighborhood complaints regarding Bed and Breakfast Inn operation received within prior 12-month period
- If applicable, a 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
- If the property is not connected to the Town's sewer system, documentation on the suitability of the septic system
- Signed and notarized original Agent Authorization form if someone other than the property owner is applying for permit



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## BED & BREAKFAST RENEWAL SUBMITTAL CHECKLIST

Use this checklist only if you are submitting an application for the **renewal of an existing Bed and Breakfast permit.**

Please include all of the following documentation as part of your application submittal.

- Bed and Breakfast Inn license application form.
- Signed and notarized original Agent Authorization form if someone other than the property owner is applying for permit.
- If applicable, response to neighborhood complaints regarding Bed and Breakfast Inn operation received within prior 12-month period.
- Proof of annual fire inspection or request for the Building Official to conduct a fire inspection.

If the below information **has not changed** since the previous Bed & Breakfast application, please indicate the case number of that application (ex. BB-xx-xxx) \_\_\_\_\_

Otherwise, please indicate what has changed and provide applicable documentation from the list below.

Changes since prior year: \_\_\_\_\_

\_\_\_\_\_

- If applicable, an Island County Department of Health Food Service Establishment Permit.
- If applicable, a 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.
- If the property is not connected to the Town's sewer system, documentation on the suitability of the septic system.
- 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).



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### APPLICATION FEES:

Issuance with Inspection \$100

#### Staff use only

Application #

Date Received

Receipt #

Date Paid

Regulations for Bed and Breakfast Inns are codified in CTC 5.36 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. 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.

Applicant (main contact person): *Agent for owner must complete the agent authorization form.*

Address

City

State

Zip

E-mail address

Phone

Owner

Address

City

State

Zip

E-mail address

Phone

Address of Subject Property

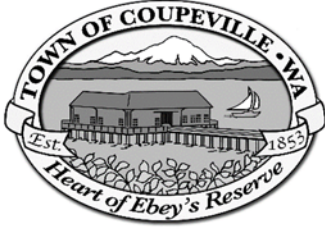
City

State

Zip

Assessor's Parcel Number

Zoning Designation



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Operator of record \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone (24-hour contact when guests are present) \_\_\_\_\_

Current Washington State Business license (UBI) no. \_\_\_\_\_

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 this residential unit part of a condominium?** Yes  No   
*(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 this site served by a septic system?** Yes  No   
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 \_\_\_\_\_

**Will food be provided or served to guests?** Yes  No   
*(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.)*

**Is sign required?** Yes  No   
*(If yes, a sign permit may be required. Any signage must comply with the regulations in CTC Chapter 16.28.)*

**Has an annual fire inspection been conducted?**  
Yes  please provide the **inspection slip**.  
No  a fire inspection must be conducted prior to issuance of the Bed and Breakfast Inn license.



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### AUTHORIZATION & DECLARATIONS:

I am the owner of the property and authorize submittal of this application. I grant permission for Town staff and agents to enter onto the subject property for the sole purpose of making any inspections of the property that are necessary to process this application.

I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

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.

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OPERATOR SIGNATURE

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DATE

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OWNER SIGNATURE

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DATE

## 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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