

# Application for Biennial Administrative Permit for Bed and Breakfast and Rooming House

Municipality of Anchorage  
Community Development Department  
Planning Division  
PO Box 196650  
Anchorage, AK 99519-6650

## PETITIONER

Owner Name(s)			
Enterprise Name			
Mailing Address		City	State      Zip
Phone	Fax	E-mail	
Web Site			

## PROPERTY INFORMATION

Property Tax # (000-000-00-000)	Zoning District
Site Address (include building number, street name, city, zip code)	
Current Legal Description (Subdivision Name, Block #, Lot # or Township/Range)	

1. This application is: ☐ Renewal      ☐ New      (check one)
2. This is a: ☐ Bed and breakfast enterprise      ☐ Rooming house enterprise
3. Specify number of guest rooms: \_\_\_\_\_ Specify number of parking spaces: \_\_\_\_\_
4. The structure in which the enterprise is located is:  
☐ Single-family      ☐ Duplex      ☐ Other (specify) \_\_\_\_\_  
☐ Multi-family      ☐ Mobile home      \_\_\_\_\_
5. What is the total floor area of the structure? \_\_\_\_\_ square feet
6. Is there a current or has there been a building permit on this property in the last year? ☐ Yes      ☐ No
7. The host / owner-operator of the enterprise maintains his/her primary domicile in this structure and will continue to live there while the bed and breakfast is in operation. ☐ Yes      ☐ No      ☐ N/A Rooming house
8. Overnight guests are limited to stays of 30 consecutive days or less. ☐ Yes      ☐ No
9. Enter number of meals served per day: \_\_\_\_\_
10. Existing or proposed signs: number \_\_\_\_\_ size \_\_\_\_\_ type (wall / pole) (lit / non-lit)
11. Is the property served by on-site well and septic system: ☐ Yes      ☐ No

## REQUIRED ATTACHMENTS

<input type="checkbox"/> Fee \$280 / Biennial Permit	<input type="checkbox"/> Certification of Minimum Life Safety Requirements	<input type="checkbox"/> Current Business License
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I certify that the above information is correct to the best of my knowledge.

Signature

Date

Print Name

Accepted by:	Applicable Fee:	Assigned Admin Permit #:	Date Application Received:
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## CERTIFICATION OF MINIMUM LIFE SAFETY REQUIREMENTS

I, \_\_\_\_\_, hereby certify that the structure at \_\_\_\_\_  
\_\_\_\_\_ in which I operate a (check one) ☐ bed and breakfast ☐ rooming house  
meets the following minimum life-safety requirements.

1. A window is provided in each guest sleeping room with a net clear opening area of 5.7 square feet. The minimum clear opening height must be 24 inches and the net clear opening width must be 20 inches so that an individual could escape through it in case of fire. Sill height must be less than 48 inches above the floor.
2. Smoke detectors are placed in accordance with CABO R215.3 for existing units:

CABO R215.3, Smoke Detectors – in dwelling units, a detector shall be installed in each sleeping room and at a point centrally located in the corridor or area giving access to each separate sleeping area. When the dwelling has more than one story and in dwellings with basements, a detector shall be installed on each story and in the basement. In dwelling units where a story or basement is split into two or more levels, the smoke detector shall be installed on the upper level, except that when the lower level contains a sleeping area, a detector shall be installed on each level. When sleeping rooms are on an upper level, the detector shall be placed at the ceiling of the upper level in close proximity to the stairway. In dwelling units where the ceiling height of a room open to the hallway serving the bedrooms exceeds that of the hallway by 24 inches or more, smoke detectors shall be installed in the hallway and in the adjacent room. Detectors shall sound an alarm audible in all sleeping rooms of the dwelling unit in which they are located.

3. There is no visible failure of the foundation or roof support systems.
4. ½ inch fire rated gypsum board has been installed in usable spaces under the stairs that may be used for storage.
5. There are no stairs without handrails or ladders used instead of stairs, which could risk injury to someone escaping from a fire.
6. A thermal barrier is in place separating foam plastic insulation from livable space.
7. There is no electrical wiring that is open to casual contact or is visibly deteriorating.
8. There is no aluminum wiring directly connected to switches or outlets. Copper connection pigtailed to aluminum wire is allowed.
9. A temperature/pressure relief valve is installed on all hot water heaters and relief must discharge within 18 inches of floor.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

This is to certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
\_\_\_\_\_ signed the foregoing certificate before me.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal the day and year herein above written.

\_\_\_\_\_  
NOTARY PUBLIC in and for ALASKA  
My Commission Expires: \_\_\_\_\_