



BIENNIAL ADMINISTRATIVE PERMIT APPLICATION FOR BED AND BREAKFAST AND ROOMING HOUSE

PLEASE COMPLETE THE FOLLOWING:

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: _____
4. Bed and breakfast name: _____
5. Enterprise owner's name: _____
6. Enterprise owner's mailing address: _____
7. Enterprise owner's residence address: _____
8. Owner's phone number: _____
9. Tax code: _____
10. Legal description (lot, block, subdivision): _____
11. Address of enterprise: _____
12. The structure in which the enterprise is located is:

<input type="checkbox"/> Single-family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Mobile home	<input type="checkbox"/> _____
13. What is the total floor area of the structure? _____ square feet
14. Is there a current or has there been a building permit on this property in the last year? ☐ Yes ☐ No
15. 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
16. Overnight guests are limited to stays of 30 consecutive days or less. ☐ Yes ☐ No
17. Enter number of meals served per day: _____
18. Existing or proposed signs: number _____ size _____ type (wall / pole) (lit / non-lit)
19. Is the property served by on-site well and septic system: ☐ Yes ☐ No

I certify that that above information is correct to the best of my knowledge.

Signature of Enterprise Owner

Date

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 sq. ft. 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" 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" 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" 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: _____

FOR MUNICIPAL USE ONLY

Amount paid: \$ _____

Check #: _____

Transaction #: _____

Charge to: _____

Date: _____