

Administrative Permit Application for a Bed and Breakfast

MUNICIPALITY OF ANCHORAGE
Planning Department / Land Use
PO Box 196650
Anchorage, AK 99519-6650

PETITIONER

Property Owner(s) Name		This application is <input type="checkbox"/> Renewal <input type="checkbox"/> New	
Bed and Breakfast Name		For Period Ending December 31, _____	
Mailing Address		City	Zip
Phone	Email		
Website or Hosting Platform (Airbnb, VRBO, etc.)			

PROPERTY INFORMATION

Property Identification No. (000-000-00-000)	Zoning District	This is a <input type="checkbox"/> Single-family home <input type="checkbox"/> Single-family home w/ ADU <input type="checkbox"/> Duplex (Two-family home) Total Living Area _____ sf
Property Legal Description (Subdivision Name, Block #, Lot # or Township, Range, Section S.M. and Lot #)		
Site Address		

A BED AND BREAKFAST (B&B), regulated by AMC 21.05.070D.2., is an accessory use of a private single- or two-family house where the homeowner lives in and occupies the home as their primary domicile and offers guest rooms and up to one daily meal for daily or weekly compensation. This definition does not include a rooming house or hostel. AMC 21.03.030. requires an administrative permit for a bed and breakfast.

AMC 21.05.070C. allows for a B&B **with up to 3 guest rooms** as a permitted accessory use. A B&B **with 4 or 5 guest rooms** requires an approved Administrative Site Plan.

- Please specify the number of guest rooms that you provide. _____.
If applicable, provide the Planning Case # for the Administrative Site Plan. _____
- An Accessory Dwelling Unit (21.05.070D.1.) counts as one guest room. Do you have an ADU on your property? ☐ No ☐ Yes
- Do you occupy the house as your primary domicile at all times while operating the B&B? ☐ No ☐ Yes
- Are guests limited to stays of 30 or less consecutive days? ☐ No ☐ Yes
- Guests are offered only one meal per day during their stay. ☐ No ☐ Yes
- Specify the number of paved parking spaces on the property, including any garage spaces. _____ (21.07.090)
- Regulations in AMC 21.11 apply to B&B signs on the property. Please specify the number and type of signs. _____
Size: _____ square feet Wall Pole Sign
- Is the property served by an on-site well and septic system? ☐ No, we have Municipal water and sewer ☐ Yes
If yes, and this is a new B&B permit application, please attach your Certificate of On-Site Systems Approval (COSA).

REQUIRED ATTACHMENTS

Fee: \$145 Annual \$290 Biennial	<input type="checkbox"/> Certification of Minimum Life Safety Requirements	<input type="checkbox"/> Copy of Current Business License
NEW SUBMITTALS MUST INCLUDE <input type="checkbox"/> Floor Plans <input type="checkbox"/> Site plan or As-Built Survey <input type="checkbox"/> Certificate of On-Site Systems Approval		

I have read and understand the definition and the use-specific standards required by AMC 21.05.070D.2. for a bed and breakfast. I certify that the above information is correct to the best of my knowledge.

Signature

Date Signed

For assistance with this application, please call (907) 343-8332
TITLE 21 (LAND USE) OF ANCHORAGE MUNICIPAL CODE AVAILABLE ONLINE AT WWW.MUNI.ORG/PLANNING

Accepted by:	Applicable Fee:	Assigned Admin Permit #:	Date Application Received:
--------------	-----------------	--------------------------	----------------------------

CERTIFICATION OF MINIMUM LIFE SAFETY REQUIREMENTS

I, _____, hereby certify that the single- or two-family home (*circle one*) which I occupy and operate a bed and breakfast, located at _____ (site address) meets the following minimum life-safety requirements:

1. A window is 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 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. 1/2-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 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 before me the foregoing certification of minimum life safety requirements.

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: _____