



Permit Center

210 Lottie Street, Bellingham, WA 98225

Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382

Email: permits@cob.org Web: www.cob.org/permits

Land Use Application

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding permit application packet(s) and application fee payment.

<input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Binding Site Plan <input type="checkbox"/> Clearing Permit <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Critical Area Permit <input type="checkbox"/> Minor Critical Area Permit <input type="checkbox"/> Design Review <input type="checkbox"/> Grading Permit <input type="checkbox"/> Home Occupation <input type="checkbox"/> Institutional <input type="checkbox"/> Interpretation <input type="checkbox"/> Landmark – Historic Certificate of Alteration <input type="checkbox"/> Legal Lot Determination <input type="checkbox"/> Nonconforming Use Certificate	<input type="checkbox"/> Parking Adjustment Application <input type="checkbox"/> Planned Development <input type="checkbox"/> Rezone <input type="checkbox"/> SEPA <input type="checkbox"/> Shoreline Permit <input type="checkbox"/> Shoreline Exemption <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Subdivision-Short Plat/Lot Line Adjustment <input type="checkbox"/> Subdivision-Preliminary Plat <input type="checkbox"/> Subdivision-Final Plat <input type="checkbox"/> Variance <input type="checkbox"/> Wireless Communication <input type="checkbox"/> Zoning Compliance Letter <input type="checkbox"/> Other: _____	Office Use Only Date Rcvd: _____ Case #: _____ Process Type: _____ Neighborhood: _____ Area Number: _____ Zone: _____ Pre-App. Meeting: _____ Concurrency: _____
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Project Information

Project Address _____ Zip Code _____

Tax Assessor Parcel Number (s) _____

Project Description _____

Applicant / Agent

Primary Contact for Applicant

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Owner (s)

Applicant

Primary Contact for Applicant

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Property Owner(s)

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application and post public notice. 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 also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent _____, Date _____

City and State where this application is signed: _____, _____
City State



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SHORT-TERM RENTAL PERMIT APPLICATION

Use this packet to apply for a Type I, Type II and Type III-A short-term rental (STR) permit. If applying for a Type III-A permit, also complete a [conditional use permit application](#). STR permits must be renewed with a Renewal Affidavit on or before January 1 of every even-numbered year. **Please read [BMC 20.10.037](#) thoroughly prior to completing this form.**

Applicants are strongly encouraged to discuss their potential STR with Planning, Building Services and Public Works staff in the Permit Center (210 Lottie St.) early in the project planning process to determine if the STR is viable and which permit(s) might be required. **Please note that additional permits (e.g. building permit) may be required.**

The applicant should check the boxes and submit this checklist with the application requirements. Attach additional sheets when necessary. Planning staff will help applicants determine which requirements are applicable. Additional information beyond the items in this application may be requested. To assist staff in reviewing applications, please submit a complete application.

Pre-Application Requirements (before this application is submitted)

- A pre-application check-in with City staff in the Permit Center to obtain guidance on the proposal.
- For Type I Permits: A courtesy notice must be mailed or delivered to residents and property owners near the proposed STR. (See instructions and sample format, attached)

Type of STR Permit Requested

- Type I Type II Type III-A (Conditional Use)

Operations Information

Operator Type: Property owner Long-term tenant

Point of contact (24-hour accessible; must live within an hour's drive; can be operator or designee of operator; any change must be reported within one month): Operator Designee

24-Hour Point of Contact Information:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____

How many STRs do you and your spouse, domestic partner, family unit, or residential business entity operate? _____

If applicable, please list the permit numbers for other STRs operated by you, your spouse, domestic partner, family unit, or residential business entity: _____

Is the dwelling unit that serves as an STR the operator's primary residence (where the operator resides for at least 270 days/year)? Yes No

Approximately how many days per year will the whole dwelling unit be rented when the operator is not there? _____ (95 days maximum in residential zones)

Will food be provided to guests? Yes No

(If yes, the facility and operator must meet applicable health and safety regulations including, but not limited to Whatcom County Health Department & Washington State Department of Health regulations)

What platform(s) will be used to advertise the STR? _____

Dwelling Unit Information

Type of dwelling unit:

- Single-Family Multi-Family Duplex Condominium Mixed Use
 Attached Accessory Dwelling Unit Detached Accessory Dwelling Unit

Total number of bedrooms in the dwelling unit: _____ Number of bedrooms to be rented: _____

If the dwelling unit that serves as an STR is located in a condominium, does the building include STRs in more than 1 unit or 25 percent of the total units in the condominium, whichever is greater, or will the subject application cause the number of STRs in the building to exceed this threshold?

Yes No

(If yes, and if located in a residential zone, please provide approval from the condominium association to exceed this number and also complete a [conditional use permit application](#).)

Is each bedroom located on the floor of a dwelling unit that is equipped with a functioning carbon monoxide alarm, and does each bedroom have a smoke alarm that is interconnected with a smoke detector in an adjacent hallway? Yes No Unsure

Will a sign be included on the building? Yes No

Has the dwelling unit or building received approval under the City's multi-family tax exemption program (BMC 17.82)? Yes No Unsure

Has the dwelling unit been subsidized through City programs? Yes No Unsure

Is the STR located on a property in the Lake Whatcom Watershed that drains to Basin One of Lake Whatcom ([BMC 16.80.040](#)) or in a shoreline area ([BMC Title 22](#))? Yes No Unsure

Required Plans

Please submit 1 paper copy or an electronic version of the plans with the application. If paper, the minimum size is 11 by 17 inches.

- A standard scaled (1/8" = 1' or comparable scale) site plan of the property showing:
 - Subject site property lines and dimensions
 - The footprint of all existing structures located on the property
 - The location, size, and design of existing and proposed off-street parking
 - Location and surfacing of existing streets, driveways, walkways, and alleys
 - Dimensions and location of proposed or existing signage, if applicable

- Standard scaled (1/8" = 1' or comparable scale) dimensional floor plan(s), drawn to scale, of dwelling units to be used as STRs, which includes:
 - Floor Area
 - Labels of all rooms and uses (e.g. STR rooms, toilets, hand washing, cooking facilities, etc.)
 - Location of fire extinguisher(s), fire exits and escape routes
 - Location of trash, compost and recycling containers
 - Location of smoke alarms and smoke detectors
 - Location of carbon monoxide alarm(s)

Additional Requirements

Submit separate pages with the application, when applicable:

- Land use application.
- Application fee (see [land use fee schedule](#))
- Affidavit of primary residency (see attached), if the STR is located in a residential zone
- A set of complete "Good Neighbor Guidelines" (see attached) to be posted in the STR
- Copy of the courtesy notice and names and addresses of the residents and property owners who received the notification (Type I only – see attached).
- Mailing list and labels for 500-foot radius (Type II permits only – see attached).
- Proof of a valid City of Bellingham business license (can be obtained through Washington State Department of Revenue: <http://business.wa.gov/BLS>
Business License #: _____)
- Proof of liability insurance appropriate to cover the STR use in the aggregate of not less than \$1,000,000. Will each STR transaction occur through a platform that provides equal or greater insurance coverage? Yes No
- If a long-term tenant is the operator, a copy of the tenant's lease agreement (must be at minimum a 270-day lease).



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SHORT-TERM RENTAL AFFIDAVIT OF PRIMARY RESIDENCY

I / We, _____ declare under penalty of perjury in
Bellingham, Washington on the _____ day of _____, 20____, that I am / we are primary
resident(s) of the short-term rental property located at
_____, and that I / we legally reside on
said property for a minimum of 270 days a year.

EXECUTED _____ day of _____, 20____

Signature of Operator/Resident

Signature of Operator/Resident

STATE OF WASHINGTON)
)ss
COUNTY OF WHATCOM)

I CERTIFY that I know or have satisfactory evidence that _____ signed
the forgoing instrument and acknowledged it to be his/her/their free and voluntary act for the uses
and purposes mentioned in the instrument.

DATED:_____

SIGNATURE OF NOTARY PUBLIC

TITLE

MY APPOINTMENT EXPIRES



Short Term Rental Operating Permit **GOOD NEIGHBOR GUIDELINES**

Welcome to the City of Bellingham! These Good Neighbor Guidelines were created to educate short-term rental operators and guests on the importance of being a good neighbor.

24-HOUR CONTACT INFORMATION:

If at any time you have questions or concerns about your stay, please call the 24-hour contact number listed in your rental agreement and posted in the unit. The Bellingham Police Department may be reached at 360-778-8800. In the event of an emergency, please call 911.

GENERAL RESPECT FOR NEIGHBORS: Please remember you are within a neighborhood. Respect your neighbors and their property; be kind and use common courtesy.

NOISE AND DISTURBANCE: Please respect your neighbor's right to quiet enjoyment of their home and property. Loud noises that create public disturbance are prohibited.

PARKING & TRAFFIC SAFETY: Refer to the parking diagram posted in the unit and park on-site, if available. Be mindful of neighbors if parking cars on the street. On-street parking is limited and can have a negative impact on the residents. Do not block driveways, sidewalks, alleys, mailboxes, or fire hydrants. Drive slowly and watch for pedestrians and children playing.

FIRE SAFETY: Familiarize yourself with the location of the fire extinguisher(s), fire exits, and escape routes posted in the unit.

PETS: Promptly clean-up after your pets, prevent excessive and prolonged barking, and keep pets from roaming the neighborhood. Control aggressive pets and abide by local leash laws. Store pet food indoors and in a secure location to reduce the likelihood of pest problems.

MAINTENANCE AND GARBAGE DISPOSAL: Be sure to pick up after yourself and keep the property clean, presentable, and free of trash. Place trash, compost, and recycling in the designated containers on site.

EVENTS NOT PERMITTED: Events including weddings, banquets, parties, charitable fund raising, or other gatherings for direct or indirect compensation are not permitted in residential zones.

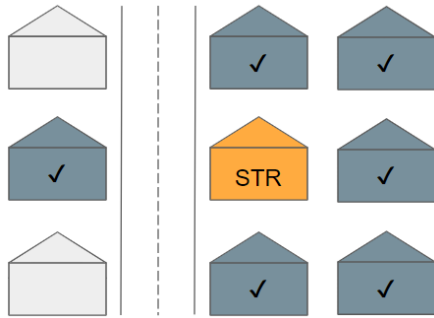
TENANT/GUEST RESPONSIBILITY: Approved guests and visitors are expected to follow the Good Neighbor Guidelines. Refer to your rental agreement for additional terms and restrictions which may include consequences for violating the Good Neighbor Guidelines.

COURTESY NOTICE INSTRUCTIONS – (TYPE I ONLY)

A courtesy notice with information regarding the short-term rental and local contact information must be mailed or delivered to residents and property owners of property abutting and across the street from the STR.

If the STR is located in a multi-family building, the notification letter must be mailed or delivered to all recognized organizations whose boundaries include the STR, the property manager if there is one, and all residents and owners of dwelling units abutting, across the hall from, above, and below the STR.

Note: A copy of the courtesy notice and a list of the names and addresses of the residents and property owners who received the notification must be submitted with the application.



Example: Abutting properties requiring notice

COURTESY NOTICE SAMPLE FORMAT – (TYPE I ONLY):

Notice of Short-Term Rental Application

Dear Neighbor,

I / We are writing to tell you about an application I / we intend to submit for a short-term rental permit in the neighborhood, to be operated by the (*tenant(s) / owner(s)*)
_____ (*name(s)*) at _____ (*location*).
(Include a description and location of the proposed rental, the number of bedrooms, and a reduced copy of the site location and site plan if possible):

As required by the City of Bellingham, you are being informed of the proposed application before I / we apply for a short-term rental permit. I / We can be reached by contacting
_____ (*name(s)*) at _____ (*phone number*) if you have any questions regarding the proposal.

Sincerely,

MAILING INSTRUCTIONS – (TYPE II ONLY)

As you get ready to prepare your labels keep the following checklist in mind:

- The information was acquired from the Assessor's office or database
- Addresses for the following members have been included on the label sheet
 - Property Owner Applicant / Contact for Proposal Bellingham Herald
 - All property owners within the required 500' radius (100' for Home Occupation Applications)
 - Applicable Mayor's Neighborhood Advisory Commission Representatives
 - Neighbor Association Representatives (This information can be found at <http://www.cob.org/documents/planning/applications-forms/nbrhd-media-notification-list.pdf>)
- Mailing information has been printed on Avery 5160 labels (see attached example)
- All of the information **completely fits** on a single label
- Notarized **Address Information Verification form** has been completed

NOTE: Errors in mailing labels may result in process delays and re-notice fees.

Obtain Property Ownership Information from the Whatcom County Assessor's Office

- The Assessor's Office is located on the first floor of the Whatcom County Courthouse, 311 Grand Avenue, Bellingham, 360-676-6790.
- Bring enough information to identify all of the property in the project site, such as tax parcel numbers, legal descriptions, address(es) or boundary on a plat map. Assessor's Office staff can help you find the Assessor's map(s) containing the project parcel(s).
- Utilize the Assessor's map to measure the required ownership notice distance (listed on the application) and record the parcel number for each property within or partially within the required distance of 500 feet (*100 feet for Home Occupation*) from the boundary of the project parcel. If the owner of the project property owns other property within the notice distance but not included in the project site, contact the Planning Division to determine whether the notice radius must be increased.
- Record the property owner's name and mailing address by accessing each parcel number via the computer terminals at the Assessor's Office or through the Internet by accessing the database under "Real Property Search" at www.whatcomcounty.us/assessor/index.jsp. Click on the parcel number in the first data screen to bring up a screen with the owner's full address and zip code. The maps are also available at this site if you wish to check a parcel number.
- If the site is a condominium, include the owner of each unit.

Print addresses on Avery 5160 labels

- Labels **must** include the address and fit on one Avery 5160 label:
- Please **DO NOT**
 - o **Repeat names** on the mailing list. If someone is listed as owning more than one property, only list the owner's name and address once on the mailing list.
 - o **List** the tax parcel number on the labels

Address Information Verification form:

Form must be notarized and include a copy of the parcel numbers and property owner's name and mailing address information attached.

<p><i>Avery 5160 labels or in Avery 5160 label format</i></p>	<p><i>Font – Arial, 11</i></p>	
<p>Property Owner Address City, State, Zip</p>	<p>Applicant Address City, State, Zip</p>	<p>MNAC Representative Address City, State, Zip</p>
<p>Neighborhood Association Rep Address City, State, Zip</p>	<p>Bellingham Herald Community News Department 1155 N. State St. Bellingham, WA 98225</p>	<p>All Property Owners within the specified radius:</p>
<p>First name Last name Address City, State, Zip</p>	<p>First name Last name Address City, State, Zip</p>	<p>First name Last name Address City, State, Zip</p>

