

## APPLICATION FOR CONDITIONAL USE BED AND BREAKFAST

	FOR CITY US	E ONLY		
APPLICATION NO.:	DATE RECEIVED: _	FEE RE	ECEIVED:	
OWNER NAME				
OWNER ADDRESS/CITY/STATE/ZIP				
OWNER PHONE	OWNER EMAIL .			
APPLICANT NAME				
APPLICANT ADDRESS/CITY/STATE/	ZIP			
APPLICANT PHONE	APPLICANT EMA	IL		
REPRESENTATIVE NAME				
REPRESENTATIVE ADDRESS/CITY/	STATE/ZIP			
REPRESENTATIVE PHONE	REPRESENTA	TIVE EMAIL		
	PROPERTY INFO	ORMATION		
LOCATION (STREET ADDRESS)				
PARCEL ID		GROS	SS ACRES	
CURRENT ZONING DISTRICT DESIN	IGATION: ☐ MF-7.5 ☐ MF-10	☐ MF-12.5 ☐ MF-15		
DOES THE OWNER/APPLICANT HAV	/E ANY OWNERSHIP INTEREST IN	CONTIGUOUS PROPERTY?	☐ YES	□ NO
LIST ALL INDIVIDUALS AND ENTIT LIMITATION, ANY AND ALL GENER PLEASE DISCLOSE ANY INTEREST	RAL PARTNERS, CORPORATE OFF	FICERS, AND MANAGERS OF	LIMITED L	IABILITY COMPANIES.
	OWNER'S CERT	TFICATION		
As the owner of the property listed a concerning this request. In the constitute automatic approval by the E with all applicable codes and regulation	event that the applicant or rep to act on my behalf in Board of Adjustment & Appeal. If the	presentative is different from n representing this petition. The request is approved, I will obtain	the owne	er, I hereby authorize his application does not
Signature of Owner:		Printed Name:		
The foregoing instrument was acknowl				
(NOTARY STAMP)	who is personally known to me or has	s produced		as identification.
(Nemati Simm)				
		NOTARY'S SIGNATURE		

**SUBMITTAL REQUIREMENTS** (Please include electronic versions of the boundary survey and application package)

- 1. APPLICATION FORM: Signed and notarized. Attach additional sheets as necessary.
- 2. APPLICATION PACKAGE: Please refer to <u>Sec. 103-14.8.7</u> of City code for guidance about required amenities and your presentation to the BAA.
- 3. TITLE CERTIFICATION LETTER: Letter showing present titleholder of record and initial date of acquisition, no more than 60 days old and prepared by a title company or licensed attorney in the State of Florida.
- 4. PROPERTY SURVEY: A recent (one year old or less) Boundary Survey of the property.
- 5. FEE: \$1.500 application fee. Make checks payable to City of Dunedin.

## PLEASE NOTE:

To operate a Bed and Breakfast within any multifamily (MF) zoning district, a Conditional Use Permit must be approved by the Board of Adjustment and Appeal (BAA).

This includes the following multi-family zoning districts.

- MF-7.5 Multifamily Residential
- MF-10 Multifamily Residential
- MF-12.5 Multifamily Residential
- MF-15 Multifamily Residential

<u>IMPORTANT:</u> Please be advised that a Conditional Use Bed and Breakfast in any multi-family zoning district must be an owner-occupied family home structure (one building), with no more than six sleeping rooms, which has been modified to serve as a transient public lodging establishment, which provides the accommodation and meal services generally offered by a bed and breakfast, and which is recognized as a bed and breakfast in the community or by the hospitality industry. In addition, there are minimum life safety and parking requirements along with other standards and required amenities.

A complete list of rules and regulations are found in Sec. 103-14.8 of City code.

Submit completed application to:

Joan McHale, Business Manager Community Development Department 737 Louden Avenue Dunedin, FL 34698

Any questions, please contact jmchale@dunedinfl.net or (727) 298-3198.