

Land Use Services Department

Code Enforcement Division

San Bernardino County Government Center 385 N. Arrowhead Avenue, First Floor San Bernardino, CA 92415-0187 Phone (909) 884-4056 Fax (909) 387-8217

SPECIAL USE PERMIT BED AND BREAKFAST

GENERAL PROCEDURES

- 1. <u>Submit application and fees</u> County staff will use the checklist to determine whether your application may be accepted.
- 2. <u>Application processing</u> The code enforcement officer will review the application and will approve the permit as quickly as possible, if he/she is able to make the required findings and all standards have been met.

CHECKLIST OF SUBMITTAL MATERIALS

Please use this checklist as you assemble the materials for the submittal of your Special Use Permit application. If you have any questions about the items requested or if you wish to obtain information on processing schedules, please call the Code Enforcement Division at the numbers listed above.

Section A – Fees

1. _____ Check or money order made payable to San Bernardino County Code Enforcement in the correct amount.

Application Fee	\$ 450.00
Annual Renewal Fee	\$ 345.00
Fee for an Appeal to the Planning Commission	\$1,124.00

Note: The appeal fee is paid by the individual or agency filing the appeal.

Section B - County Documents

2. ____ Completed Application.

<u>Section C</u> - Other Documents

- 3. _____ One copy of a plot plan.
- 4. _____ One copy of the Conditions of Approval.
- 5. _____ One copy of each letter guaranteeing water and/or sewer service.
- 6. _____ One copy of any brochure, picture, drawing, advertisement, etc., of the Bed and Breakfast facility (if applicable).

Special Use Permit – Bed and Breakfast APPLICATION

Complete all sections of this application. If you believe a question does not apply, mark it "N/A". Do not leave any blank spaces. If you have any questions about items requested on this form, please call Code Enforcement at the appropriate office listed at the top of the cover page.

Section 1 - Applicant Data. (This is the person who the county will contact regarding this application).

Appl	icant l	Name			
Mailing Address					
City		Zip			
Phor	ne	FAX NoE-Mail			
Other person(s) to be notified in case of Emergency					
Section 2 – Property Data					
1.	Assessor's Parcel Number (APN): (This may be obtained from the Assessor's Office)				
2.	Present Land Use District (Zoning): (This must be obtained from the Building and Safety Division)				
3.	Cond	ditional Use Permit Index Number:			
4.	General location of property: Include street address and location from nearest street or intersection, indicating which side of the street:				
	Street Address				
	City	Zip			
	City Loca				
5.	Loca				
5. 6.	Loca Num	ation:			
	Loca Num Prop	ition:			
6.	Loca Num Prop Squa	ation:			
6. 7.	Loca Num Prop Squa	ation:Number of bathrooms:Number of bathrooms:			
6. 7. 8.	Loca Num Prop Squa Num Utiliti	ation:Number of bathrooms:Number of bathrooms:			
6. 7. 8.	Loca Num Prop Squa Num Utiliti	ation:Number of bathrooms:Number of bathrooms:			
6. 7. 8.	Loca Num Prop Squa Num Utiliti	ation:Number of bathrooms: ber of rooms applying for: Number of bathrooms: erty Dimensions: Total Square Footage: are footage of residence: ber of parking spaces: ber of parking spaces: sewage Disposal: Public Sewer			

			Describe size of existing septic tank and indicate leach field or seepage pit:
			Describe size of proposed septic system:
	A.	Wat	er Source:
			Water Source Water meter pipe size and minimum pressure (this information can be obtained from your water company):
			A letter guaranteeing service for the Bed and Breakfast, signed by the water purveyor must be attached.
			Well: Number of dwellings connected to well and location of well (if applicable):
			Date well was drilled:
	В.	Elec	tric Supply Source:
			Name of Serving Company:
	C.	Gas	Supply Source: Natural Gas Name of Serving Company: Other (please specify)
10.	Spe	ecial use operational information:	
	A.	Number of customers received per day, week, year, or other time increments:	
	B.		terials used and their manner of delivery to and from location (including toxic/flammable chemicals or terials):
	C.	Ма	ximum number of employees or residents occupying site and/or attending functions at any given time:
	D.	Lis	t other agencies for which permits / clearance must be obtained:

Section 4 – Signature:

I certify under penalty of perjury that the above information is true and correct that I have read and understand and will abide by San Bernardino County Code, Title 8, Division 4.

I understand that my permit may be voided for non-compliance of the conditions set forth in the approval.

Applicant's Signature

Date

Property Owner's Signature

Date