



DEPARTMENT OF PLANNING SERVICES
124 10th STREET
P.O. BOX 775088
STEAMBOAT SPRINGS, COLORADO 80477
(970) 879-2060

USE WITH CRITERIA (CR) CHECKLIST FORM

A completed Application Form must accompany this form.

BED AND BREAKFAST

Applicant Name: _____ Date: _____

Applicant Address: _____
_____ Phone: _____

Owner's Name/Address/Phone (If different from applicant): _____

Zoning: _____

Address/Legal Description of CR: _____

Are the following attached:

- Submittal requirements: Yes No

The proposed **BED AND BREAKFAST** use meets all of the following criteria:

_____ Review shall be prior to development or building permit, as applicable

_____ The use shall be conducted within an existing single-family structure. External modifications to the structure shall not alter the single-family character of the structure.

_____ In the RO zone district, Bed and Breakfasts shall have no more than fifteen (15) percent greater gross floor area than any single family structure within three

hundred (300) feet at the time of application for the Bed and Breakfast.. In all other zone districts, Bed and Breakfasts shall have no more than thirty (30) percent greater gross floor area than any single family structure within three hundred (300) feet at the time of application for the Bed and Breakfast.

_____ No long-term rental of rooms shall be permitted. The maximum stay for any one (1) guest shall not exceed fourteen (14) days.

_____ No meals shall be served to members of the public other than persons renting rooms for nightly occupancy and the operator of the business. Receptions, private parties, or similar activities for compensation shall not be permitted.

_____ No cooking facilities shall be allowed in any guestrooms.

_____ The owner of the Bed and Breakfast, or an on-site manager employed by the owner, shall reside on the premises at all times when the Bed And Breakfast is in operation.

_____ The Bed and Breakfast shall not contain more than four (4) separate accommodation units that are rented to guests.

_____ The Bed and Breakfast shall comply this CDC, as well as with all applicable local and state health, fire, and building codes.

I understand that I must maintain compliance with all of the criteria listed above.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Use with Criteria received by: _____ Date: _____

Is a Use with Criteria fee applicable? Yes _____ No _____

If yes, Fee Paid? Yes _____ No _____ Check # _____

Form and Submittals Complete: Yes _____ No _____

Use with Criteria Approved: Yes _____ No _____ Date: _____

Signature of Director: _____