

Planning and Development Division

BED AND BREAKFAST
SPECIFIC USE PERMIT TRANSFER

Case No.: _____

B&B Establishment Ordinance: _____

As adopted in Ordinance No. 98-106, a transfer application shall not be approved if any changes to the property, including but not limited to, the number of rooms or parking spaces, are made by the new owner. In such event, the new owner shall apply for a new Specific Use Permit and shall meet all requirements of such permit. Should the property not sell or the ownership not change, the existing Specific Use Permit shall remain in full force and effect as assigned to the current owner.

Please Print or Type

I. APPLICANT INFORMATION

Applicant Name (Proposed Owner/Resident) () Telephone

Applicant Mailing Address

Current Property Owner Name () Telephone

Current Mailing Address

Date and case number of the original Bed and Breakfast Specific Use Permit: Date: _____ Case: _____

Have any other applications or appeals been filed on this property? [] No [] Yes If Yes, Date: _____

II. PROPERTY INFORMATION

Location of Property (Property Address) Zoning

Legal Description (Lot and Block Numbers)

Number of Bedrooms Permitted with SUP Number of Bedrooms Proposed by New Owner Number of Off-Street Parking Spaces for B&B Location of Parking Spaces (Address)

III. PROPERTY SALE INFORMATION

This application must be submitted, to the Planning and Development Division, within 30-days prior to the closing of the sale or other changing of the ownership of the subject property. Should the change of ownership occur prior to the completion of the Specific Use Permit transfer, the Bed and Breakfast business shall temporarily cease, until all administrative approvals have been made.

As adopted in Ordinance No. 98-106, if the new owner does not submit a transfer application within 30-days prior to the closing of the sale or other changing other change in ownership, the new owner shall not operate the Bed and Breakfast establishment until the new owner has obtained a Specific Use Permit in accordance with all applicable provisions for obtaining such a permit.

IV. APPLICANT CHECK LIST

- Site Plan (indicating location of all off-street parking spaces, including auxiliary parking if applicable)
- \$125.00 transfer fee

ATTEST:

I certify that I have secured the property owners permission and have full authority to make this application. Additionally, I acknowledge that the facility shall be owner occupied and managed with the resident manager having at least 50% ownership interest.

ATTEST:

I certify I am the legal owner of record of the subject property. To the best of my knowledge, the property is in full compliance with the regulations pertaining to Bed and Breakfast establishments. I authorize this application for a Specific Use Permit transfer.

Signature of Applicant

Date

Signature of Property Owner Date

**DEPARTMENTAL USE ONLY
Staff Checklist**

APPLICATION ACCEPTED BY: _____ DATE: _____

RECEIPT NO.: _____ AMOUNT: _____

REMARKS: _____

- Building
- Fire

- Public Works
- Galveston County Health District

SPECIFIC USE PERMIT/ORDINANCE VERIFICATION:

- Number of Rooms
- Number of Parking Spaces

ADDITIONAL CONDITIONS: _____