



BED AND BREAKFAST LOCAL CONTACT ACKNOWLEDGEMENT

Bed and Breakfast Owners: Please complete this form AFTER the final decision of the Planning Director or Planning Commission has been issued for your Bed and Breakfast (B&B). Please ensure you read and understand the final decision and any conditions placed on your B&B. Please return this form to the City of Seaside by mail at 989 Broadway Seaside, OR 97138 or by e-mail to cdadmin@cityofseaside.us. If you have questions regarding this form, please call 503-738-7100.

Property Address: _____

- ☐ Int. _____ I certify that I am the local contact for the B&B located at the listed address and I understand the Planning Commission's expectation that I will be available 24 hours a day to address complaints associated with this B&B.
- ☐ Int. _____ I understand I must respond to and take remedial action on any complaint at this B&B within a reasonable period of time. The Seaside Planning Commission has deemed a reasonable period of time to be two (2) hours.
- ☐ Int. _____ I understand that failure to respond to a neighbor's valid complaint within a reasonable period of time (2 hours) could result in a Planning Commission review of the B&B. The Seaside Planning Commission could place further restrictions on the B&B up to and including revocation of the property owner's B&B Conditional Use Permit.
- ☐ Int. _____ I understand that I am expected to maintain a **complaint response log** that will be made available to city staff or the Planning Commission upon request. The complaint log should include the date, time, subject matter of the complaint, name and contact information of the reporting person (if not anonymous), and the action taken to resolve the complaint.
- ☐ Int. _____ I understand and have read the conditions of approval for the B&B conditional use permit for the listed property.

Name of the Local Contact

Phone Number of the Local Contact

Address of the Local Contact

E-mail Address of the Local Contact

X

Signature of the Local Contact

Date