



**Talbot County Department of Planning and Zoning**  
215 Bay Street, Suite 2  
Easton, Maryland 21601  
410-770-8030

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**Bed and Breakfast Use Certificate Application**

Bed and Breakfast Name: \_\_\_\_\_

Bed and Breakfast Address: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Grid: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Size: \_\_\_\_\_ Zone: \_\_\_\_\_

Property Tax Identification Number: \_\_\_\_\_

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Applicant(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_ Fax: \_\_\_\_\_

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**List all Holders of Record Title:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

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Number of Bedrooms in Residence: \_\_\_\_\_ Number of Guest Rooms to be utilized: \_\_\_\_\_

Total Gross Floor Area of Structure: \_\_\_\_\_

Total Gross Floor Area of Guest Rooms: \_\_\_\_\_

Type of Sewage Disposal: Public \_\_\_\_\_ Individual On-Site \_\_\_\_\_

Year Dwelling was Constructed: \_\_\_\_\_

New: \_\_\_\_\_ or Renewal: \_\_\_\_\_ Expiration date of current license: \_\_\_\_\_

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A bed-and-breakfast may be used for weddings, receptions and similar events, no more than six days per calendar year in compliance with Chapter 190 of the *Talbot County Code*. The operator of the bed-and-breakfast must apply for a use certificate at least 30 days prior to each event.

In the RC district, rental of nonmotorized watercraft may be permitted as a special exception, accessory to the bed-and-breakfast use in accordance with Chapter 190 of the *Talbot County Code*.

**New and Renewal Use Certificate for Bed and Breakfast Applications shall be accompanied by:**

- \_\_\_\_\_ 1. Application fee as determined by fee schedule adopted by County Council. Checks shall be made payable to: Talbot County, Maryland.
- \_\_\_\_\_ 2. A copy of the current Health Department Food Service License.

**New Use Certificate for Bed and Breakfast Applications shall be accompanied by:**

- \_\_\_\_\_ 1. Scaled Site Plan of the Property which includes:
  - \_\_\_\_\_ Property Lines
  - \_\_\_\_\_ All Structures
  - \_\_\_\_\_ Driveways and Walks
  - \_\_\_\_\_ Parking Area for Residence and Guest
  - \_\_\_\_\_ Well and Septic
- \_\_\_\_\_ 2. A scaled floor plan of the residence to be used for the Bed and Breakfast operation. Label all rooms, spaces, exterior doors, etc.

**Renewal Use Certificate for Bed and Breakfast Applications shall be accompanied by:**

- \_\_\_\_\_ 1. Certification from Applicant that no changes have been made to operation or provide updated site plan, floor plan, etc., as applicable.
- \_\_\_\_\_ 2. Proof of Compliance with Talbot County Accommodations Tax.

**Certification: I certify that I am the property owner, that I will occupy the residence while operating as a Bed and Breakfast use, and that all the information noted herein and in any attached documents are true and correct. I understand that in accordance with *Talbot County Code, Chapter 190*, the Planning Officer may decline to issue or may suspend or revoke a bed-and-breakfast use certificate due to any false, inaccurate, or misrepresentation in this application or other registration. By the filing of this application, I authorize agents of the regulatory governmental agencies to enter onto my property for the purposes of performing the inspections necessary to ensure compliance with all regulations, restrictions and limitations on the establishment and operation of a bed-and-breakfast property.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><i>Office Use Only:</i></b>	<b><i>Expiration Date:</i></b> _____
<b>Approvals:</b>	
Zoning Inspector: _____	Date: _____
Planning Office: _____	Date: _____
Health Department: _____	Date: _____
Comments/Conditions: _____	Date: _____
_____	
_____	