

License Number:

Parcel Number:

Inspection Passed: **YES NO**

Short-Term Rental Compliance Inspection Policy Checklist

Owner Name: _____ Date of Inspection: _____

Property Site Address: _____

Inspected Portion	Building Inspector Comments	Inspection Passed?
General building or unit conditions		YES NO
Is a fire extinguisher with current inspection tags located in a conspicuous location?		YES NO
Working carbon monoxide detectors within 15' of each bedroom? (required for properties with gas appliances or attached garages)		YES NO
Working smoke alarm? (in each bedroom and outside bedroom)		YES NO
Fire/Evacuation Plan posted in conspicuous location?		YES NO
Property address information posted on-site? (4" minimum house numbers in contrasting colors)		YES NO
Information binder with owner/agent information property information placed in a conspicuous location?		YES NO
Stairs/decking, guardrails and handrails appear physically sound?		YES NO
Adequate heating, lighting and sanitation facilities?		YES NO
Property specific concerns or recommendations:		