

Short-Term Rental Self-Inspection Checklist and Affidavit

This 2-page checklist must be completed annually and submitted with every STR License application and renewal.

Property Address: _____

Date of Inspection: _____

Inspection Completed By: _____

Property Details

Number of Bedrooms: _____

Number of Bathrooms: _____

Number of Stories: _____

Attached Garage: Yes No

Fuel Burning Appliance(s)* in Unit: Yes No

*Fuel burning appliances include fireplaces, furnaces, boilers, water heaters, etc.

Inspection

Check each of the following statements to verify the property has been inspected and found to be in compliance.

Kitchen

_____ Plumbing fixtures, pipes, and drains are in good repair, functioning as intended, free from leaks or other defects.

_____ Appliances are in good repair and functioning as intended.

Bathrooms

_____ Plumbing fixtures, pipes, and drains are in good repair, functioning as intended, free from leaks or other defects.

_____ Ventilation fans are installed in accordance with manufacture's specifications.

_____ Not Applicable. There are no ventilation fans installed.

Bedrooms

_____ All rooms used for sleeping meet all of the following habitable space requirements:

- Minimum of 70 square feet floor area.
- Minimum of 7 feet in all directions (width, length, and height).
- Secondary exit in case of emergency (emergency escape and rescue opening or egress compliant window)

_____ All rooms used for sleeping contain a working smoke detector/alarm.

Laundry in Unit Yes No *(skip section)*

_____ Plumbing fixtures, pipes, and drains are in good repair, functioning as intended, free from leaks or other defects.

_____ Appliances are in good repair and functioning as intended.

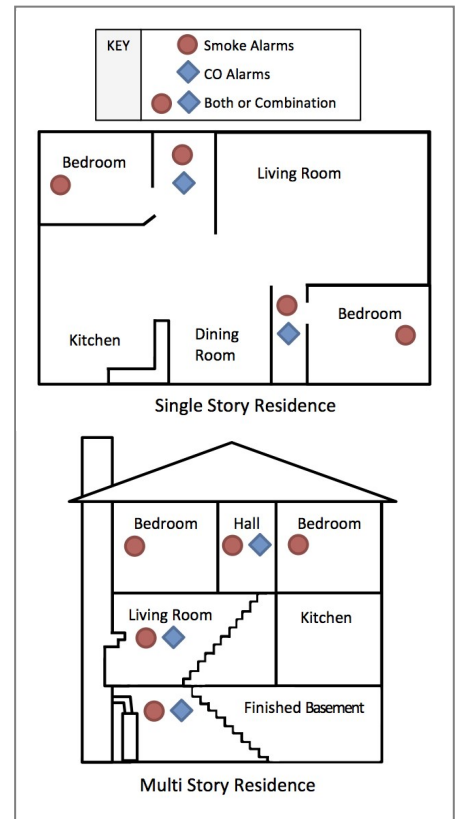
_____ Clothes dryer is exhausted to the exterior or in accordance with manufacture's specifications.

Complete page 2

STR Self-Inspection Checklist and Affidavit (page 2)

General

- _____ The unit contains a working carbon monoxide detector/alarm if there is an attached garage or any fuel burning appliances.
- _____ Working smoke detectors/alarms are installed in all of the following required locations:
- In the immediate vicinity (within 15 feet) outside of each bedroom.
 - Inside of each bedroom and any room used for sleeping.
 - On each story, including a basement.
- _____ There is a fully charged fire extinguisher inside the unit and accessible to renters.
- _____ Chimneys, vents, and flues are maintained in good condition and have weather caps or vent hoods with dampers, where required.
- _____ All exterior doors and windows are in good repair and functioning as intended.
- _____ Electrical panels are covered, clearly labeled, and have no open or missing breakers.



Signature Required

I, _____ (*affiant's name*), affirm that the unit located at _____ (*property address*) was thoroughly inspected for all contents of this checklist and that this checklist was completed accurately and truthfully. In signing this checklist, I affirm that all information contained within is true and correct.

 Affiant signature

STATE OF _____)
) ss.
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____,

by _____, the Affiant.

Witness my hand and official seal.

My commission expires: _____

 Notary Public