



Short-Term Rental Self-Inspection Checklist and Affidavit

This 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 (choose one): _____ Yes _____ No

Fuel burning appliances in unit (choose one): _____ Yes _____ No

Fuel burning appliances include fireplace, furnace, boiler, water heater, 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 and other defects.

_____ Appliance are in good repair and functioning as intended.

Bathroom

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

_____ Ventilation fans are installed in accordance with manufacturer'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

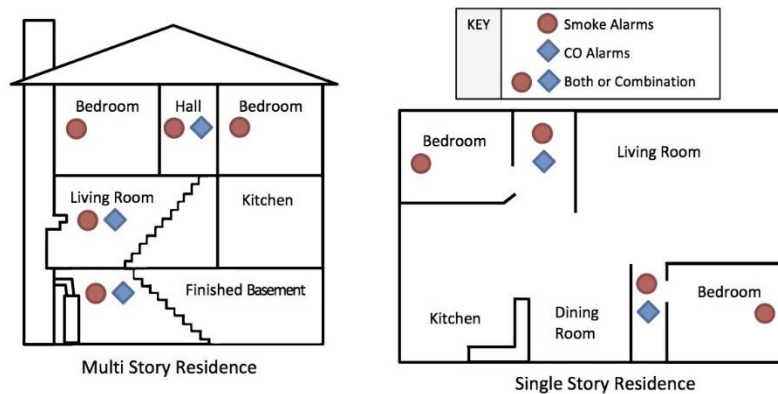
Choose one: _____ Yes (check all below that apply) _____ No (skip this section)

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

_____ Appliances are in good repair and functioning as intended.

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

General



_____ This unit contains a working carbon monoxide detector/alarm if there is an attached garage or any fuel burning applications.

_____ 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 dampeners, 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.

Signatures Required

I, (Affiant's name) _____, affirm that the unit located

at (property name): _____ 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 _____)

COUNTY OF _____)

Subscribed and sworn to before me on this date: _____

By the Affiant: _____

Notary: Witness my hand and official seal.

My commission expires: _____

Notary Public: _____

