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VACATION/TOURIST HOME RENTAL SELF INSPECTION FORM

DATE PERFORMED _____

PERSON INSPECTING _____

NAME OF HOME _____

ADDRESS _____

OWNER _____

PHONE NUMBER(S) _____

Address numbers on Street side **Yes**____ **No**_____

Windows operable **Yes**____ **No**_____

SMOKE ALARMS:

Each bedroom **Yes**____ **No**_____

On every level **Yes**____ **No**_____

Is there any gas burning appliances on the property? **Yes**____ **No**_____

If yes, a dual-function Smoke/Carbon Monoxide or a stand-alone
Carbon Monoxide devices are present on each level **N/A**____ **Yes**____ **No**_____

Fire Escape Plans posted **Yes**____ **No**_____

Firework/Noise Ordinance posted **Yes**____ **No**_____

If Renewal - VHR/THR License posted **Yes**____ **No**_____

TOURIST HOME Additional Inspection

Homeowner living in the home? **Yes**____ **No**_____

Number of bedrooms available for rent? _____

Is guest room located in basement? **Yes**____ **No**_____

Separate entrance used by guest? **Yes**____ **No**_____

ADU located on property? **Yes**____ **No**_____