



SHORT TERM RENTAL WORKSHEET

Owner/ Representative Name: _____ Phone Number: _____

Address of Short- Term Rental: _____ City: _____

Structure to be inspected: Principal Structure Accessory Dwelling Unit Both

Area(s) for Short Term Rental: Full Dwelling Partial, describe _____

STAFF USE ONLY

Permit #: _____ Inspector: _____

Inspection Date: _____ Inspection Time: _____

INSPECTION NOTES

The property listed above has successfully demonstrated through inspection that the unit intended to be used for a short term rental contains the following:

- _____ (initial) all required smoke detectors in good working order
- _____ (initial) all required carbon monoxide detectors in good working order
- _____ (initial) adequate and functional building egress from each sleeping room in the unit.

OCCUPANCY

The unit contains _____ bedrooms with _____ beds per room. At two persons per bedroom this equals _____ occupants. This unit contains an additional sleeping area in the _____ that meets or exceeds the safety requirements above equal to _____ occupants.

There are _____ parking spaces available at this property.

Comments and/or Restrictions:

Inspection Passed _____ Inspection Failed, reason _____

Signature: _____ Date: _____