



# Vacation Rental (VR): Self-Inspection Checklist

**Please fill this form out completely ~ missing information will prevent approval and delay sign-off for this application.**  
**By signing this document the applicant acknowledges and represents that this application is for a legally constructed unit.**

VR ADDRESS:	DATE:
OWNER (Name/Address/Phone):	
APPLICANT (Name/Address/Phone):	
MANAGER IF APPLICABLE (Name/Phone):	
24/7 PHONE NUMBER (In Case of Emergency):	
LEGAL DESCRIPTION:	
OWNER EMAIL:	
MANAGER EMAIL (if applicable):	

<b>UNIT TYPE(S)</b>					
(Check all that apply)					
<input type="checkbox"/>	Single Family Dwelling Unit (SFDU)				
<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Single Unit (1 of 2)	<input type="checkbox"/>	Both Units (2 of 2)
<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	Total # VR units Proposed	<input type="checkbox"/>	Total units in Building
<input type="checkbox"/>	Condo	<input type="checkbox"/>	Total # VR units Proposed	<input type="checkbox"/>	Total units in Building

<b>BUILDING SAFETY</b>	
<i>Multi-Family (Condo-Apartments) Requirements Apply</i>	
<input type="checkbox"/>	Handrails and guard rails installed on stairways and porches.
<input type="checkbox"/>	All sleeping areas have egress windows or a door directly to the outside.

## FIRE SAFETY

<input type="checkbox"/>	Smoke detectors are mounted on the ceiling, in the correct location, and installed on each floor, in each sleeping room and outside each sleeping area.
<input type="checkbox"/>	Smoke detectors are tested monthly and maintained with a new battery annually. NFPA recommendation is to replace smoke detectors every 10 years.
<input type="checkbox"/>	Does unit have gas or attached garage? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, working and tested Carbon Monoxide (CO) detectors installed outside sleeping areas, tested monthly and batteries replaced annually.
<input type="checkbox"/>	Printed and posted floor plans and home fire escape plans from each floor indicating 2 ways out.
<input type="checkbox"/>	2-A-10-BC Fire extinguisher shall be installed on each floor in plain view and annual testing performed with tag attached. Date last of Inspection ----/----/----
<input type="checkbox"/>	Gas, water and electrical shut off and home heating appliance and safety use will be explained to each renter <b>(ASK FIRE?)</b>
<input type="checkbox"/>	Annual maintenance and/ or repairs of natural gas cooking and heating appliances should be conducted by a trained technician to manufacturer's specifications.
<input type="checkbox"/>	No combustible materials within 3 feet of heating and cooking appliances.
<input type="checkbox"/>	Address numbers facing the street shall be displayed in contrasting colors and are required to be 4" tall numbers with a min width of 0.5" wide stroke width
<input type="checkbox"/>	Address listed and displayed on a welcome card with "Call 9-1-1" as the emergency number to call. Owner/Manager phone number to call is listed on card.
<input type="checkbox"/>	Electrical extension cords used for permanent wiring are not allowed; power strips with surge protectors are allowed
<b>*** Multi-Family (Condo/Apartments) Requirements ***</b>	
<input type="checkbox"/>	Fire Sprinkler/Fire Alarm records of testing and inspection records: Fire Sprinklers: Date of Last Inspection ___/___/_____ Fire Alarm: Date of Last Inspection ___/___/_____

The applicant affirms, under penalty of perjury, that the information contained herein is true and correct to the best of his/her knowledge and belief, and agrees to hold the City harmless for any damages resulting from applicant's misrepresentation, intentional or otherwise.

Owner Address (Primary Residence): \_\_\_\_\_

Manager Address (If applicable): \_\_\_\_\_

Owner/Manager Phone Number (For 24 Hour Contact): (\_\_\_\_\_) \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Manager Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public for State of Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_