



## Short-Term Rental (STR) Property Safety and Code Compliance

I/We, being of lawful age, state the following:

My Short-Term Rental Property/Street Address: \_\_\_\_\_  
Unit #: \_\_\_\_\_

Name of Building (if applicable): \_\_\_\_\_

Owner's Name(s) or Name of  
Ownership \_\_\_\_\_

Total Bedrooms/Sleeping Rooms: \_\_\_\_\_ Total Occupants Advertised: \_\_\_\_\_

**Check items to acknowledge compliance with these terms.**

I certify that my rental property meets all of the requirements of fire safety listed below: (Add checkboxes to below list)

I have a certified, up-to-date, working fire extinguisher in the kitchen.

I have working smoke detectors in each sleeping room.

I have working carbon monoxide detectors in all spaces with a fuel-fired appliance, gas or wood fireplace, or an attached garage.

I have a wood-burning fireplace or stove with flues that have been professionally cleaned and inspected annually.

I have an outdoor grill or smoker properly located with instructions for safe guest use.

All electrical panels in my rental property are labeled and accessible.

I understand that I must meet all requirements allowing for safe occupancy at my property and that additional requirements may be added.

I have code-compliant, functioning Emergency Escape and Rescue Openings in all bedrooms/sleeping rooms.

My street address sign identification is visible and legible from the roadway year-round for emergency services to locate my property.

My unit is insured for use as a short-term rental property.

I have read the STR policies and understand the rules and regulations, and that my license can be revoked and/or a fine may be issued if I do not follow the rules and guidelines.

My local Designated Responsible Party will be available 24/7 and be able to respond within 60 minutes from contact while guests are in-house to address an emergency, property issue, or a guest-caused issue.

If my local Designated Responsible Party or property management company changes, I certify that I will notify the POA office within 10 days and submit a new Designated Responsible Party form.

My local Designated Responsible Party or property management company is:

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First name / Last name / Mobile / Email

I certify or affirm that all of the statements declared above are true to the best of my knowledge:

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Owner Signature/ Printed Name/ Date