



SHORT TERM VACATION RENTAL INSPECTION CHECKLIST

Project #: _____ Location: _____

Inspection Date: ____/____/____ Inspector Name: _____

STATUS			REQUIREMENT	REMARKS
PASS	FAIL	N/A		
			Exterior plan matches unit?	
			Parking -- # of Offstreet Spaces: _____	
			Trash Containers -- # of Cans: _____	
			Trash Containers screened or in garage	
			Swimming Pool/Spa/Hot Tub Barrier	
			Interior plan matches unit?	
			Sleeping Rooms -- # of Rooms: _____	
			Smoke Detection	
			CO (Carbon Monoxide) Detection	
			Main exit emergency lighting	
			Fire Extinguisher (One per floor)	
			Required postings	
			a. Name, address, and phone # of responsible party	
			b. Maximum occupancy of unit	
			c. Notice quiet hours 10 p.m. to 8 a.m. daily or through County noise regulations	
			d. Max # of vehicles to be parked at unit with sketch	
			e. Trash/recycle pickup days	
			f. Sea Turtle nesting/lighting restrictions	
			g. Location of nearest hospital	
			Verify septic with Environmental Health	