

NIGHTLY RENTAL HEALTH & SAFETY INSPECTION REQUIREMENTS

The following items are required to be corrected/installed prior to a Health & Safety Inspection required for a Short-Term Rental Conditional Use Permit Business License by the Town of Paragonah.

1. A minimum class 2A:10BC fire extinguisher shall be mounted in a conspicuous location on each floor where it will be readily accessible and immediately available for use. All fire extinguishers are required to be serviced and tagged by a licensed contractor.
2. Smoke Detectors are required to be in working condition and are to be located in all sleeping rooms and hallways leading to the sleeping rooms.
3. Carbon Monoxide Detectors in good working order and located within the living space with one detector per floor.
4. Emergency Egress: All emergency egress paths including windows, hallways, stairs, shall meet minimum State Fire Code requirements.
5. Emergency Exit Plan: A map showing emergency exits from sleeping areas/room must be posted in each sleeping area/room. This should include how to exit from a second story room through the window.
6. All electrical outlets, light switches, junction boxes, and other related electrical wiring must have all cover plates on and be in good working condition. All electrical circuit breakers are required to be labeled in a manner that will indicate where and what the breaker serves
7. Storage of combustible or flammable items is not allowed in furnace rooms, mechanical rooms, or electrical rooms.
8. ADDRESS: Address must be placed on the building in such a position as to be plainly visible and legible from the street or road fronting the property. Lettering is to be a minimum of four inches (4") in height.
9. Good Neighbor Policy: Town approved Good Neighbor Policy must be posted near the front entryway and visible at all times.
10. Parking Spaces: Off-street parking will be required for overnight guests.
11. Maximum Occupancy: Maximum occupancy allowed by State Fire Code shall be posted in plain view near the main entryways for all single-family residential rentals.

Business Name: _____ Owner: _____ Phone: _____
Address to be inspected: _____ Inspection Date: _____

Item	Comments	In Compliance	Re-inspection Needed
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9	Good Neighbor Policy Posted Near Main entryway		
10	Number of on-site parking spaces: _____		
11	Maximum Occupancy Allowed p/Fire Code: _____		

Paragonah Fire Department _____ Date _____
Signature _____

Re-Inspection Date: _____ Reinspect completed: Initials: _____ Date: _____