

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: _____ **Signature** _____ **Date** _____

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