



## **Vacation House Rental- Property Report Checklist 1**

This form is to be completed by a <u>Solano County Building Inspector</u> and a <u>representative of the local fire department</u> and submitted as part of the vacation rental application package. Incomplete forms will not be accepted.

APPLICATION INFORMATION			
Permit Number			
Property Address			
01170151			
CHECKL		All along the second and a second at the second a	
		All sleeping areas have egress windows or a door directly to the outside.	
	Legal door & window egress for all bedrooms and any other sleeping area		
	Septic size is adequate for number of bedrooms proposed for use (office check) and system appears to be properly functioning (field check)		
	Off-street parking spaces available (check one): $\square$ none $\square$ one $\square$ two $\square$ three or more		
	Smoke detectors are present and properly located inside each bedroom and outside each sleeping area		
	Carbon monoxide alarms ar	e present and properly located outside of each sleeping area	
	$\square$ Not applicable: Dwelling has no gas appliances, no attached garage, and no fireplace		
	Fire extinguisher provided n	ear egress door	
	No rotted or deteriorated floors		
	Home is free from visible mold		
	No visible dangerous wiring		
	Steps, stairs and landings are safe and adequately lit; proper handrails provided		
	Decks, balconies, and stairs are stable; guardrails in place at drop-offs greater than 30 inches in height		
	Two methods of pool/spa drowning prevention are provided (fencing, automatic cover, alarms, etc.)		
	□ Not applicable		
	Pool and spa equipment is/are properly grounded		
	□ Not applicable		
	Gas shut-off valves are prov	ided where required	
	•	s are labeled, and box is safe and grounded	
	·	all receptacles in kitchen, bathroom, laundry areas, garage and outdoor areas	
	· · ·	all receptacles in habitable portion of dwelling except bathrooms	
	·	mmable storage area on property	
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Name of County Building Inspector			
Signature			
Date			
Name of	f Fire Department Represen	ativo	
Signatu		auve	
Date			

COMMENTS: