EXAMPLE ONLY! This will be an online application

Short-Term Rental (STR): Self-Inspection Checklist

Please fill this form out completely ~ missing information will prevent approval and delay sign-off for this application.
By signing this document the applicant acknowledges and represents that this application is for a legally constructed unit.

VR ADDRESS:	DATE:
OWNER (Name/Address/Phone):	
APPLICANT (Name/Address/Phone):	
MANAGER IF APPLICABLE (Name/Phone):	
24/7 PHONE NUMBER (In Case of Emergency):	
OWNER EMAIL:	
MANAGER EMAIL (if applicable):	

UNIT TYPE

NOTE: *Code allows for one (1) vacation rental per owner, per parcel.*
(For additional information or questions call the Planning Department at: 208-769-2274 or email planningdiv@cdaid.org)

☐	**Single Family Dwelling Unit (SFDU)**		**(or)**	☐ **Recorded Accessory Dwelling Unit (ADU)**
☐	**Duplex**	☐	*Which unit?* _____	*(ex. "Unit A" and/or address number)*
☐	**Multi-Family**	☐	*Which unit?* _____	*(ex. "Unit A" and/or address number)*
☐	**Condo**	☐	*Which unit?* _____	*(ex. "Unit A" and/or address number)*
☐	**Other (Please explain):**			

BUILDING SAFETY

(For additional information or questions call Building Services at: 208-769-2267)

Multi-Family Requirements Apply (See Condo/Apartments under "FIRE SAFETY")

☐	Handrails and guard rails installed on stairways and porches.
☐	All sleeping areas have egress windows or a door directly to the outside.

	FIRE SAFETY *(For additional information or questions call the Fire Department at: 208-769-2340)*
☐	Smoke detectors are mounted on the ceiling, in the correct location, and installed on each floor, in each sleeping room and outside each sleeping area.
☐	Smoke detectors are tested monthly and maintained with a new battery annually. NFPA recommendation is to replace smoke detectors every 10 years.
☐	**Does unit have natural gas or an attached garage? YES ☐ NO ☐** If yes, working and tested Carbon Monoxide (CO) detectors installed outside sleeping areas, tested monthly and batteries replaced annually.
☐	Printed and posted floor plans and home fire escape plans from each floor indicating 2 ways out.
☐	2-A-10-BC Fire extinguisher shall be installed on each floor in plain view and annual testing performed with tag attached. **Date of last Inspection _____/_____/_____**
☐	Gas, water and electrical shut off and home heating appliance and safety use will be provided to each renter.
☐	Annual maintenance and/ or repairs of natural gas cooking and heating appliances should be conducted by a trained technician to manufacturer's specifications.
☐	No combustible materials within 3 feet of heating and cooking appliances.
☐	Address numbers facing the street shall be displayed in contrasting colors and are required to be 4" tall numbers with a min width of 0.5" wide stroke width
☐	Address listed and displayed on a welcome card with "Call 9-1-1" as the emergency number to call. Owner/Manager phone number to call is listed on card.
☐	Electrical extension cords used for permanent wiring are not allowed; power strips with surge protectors are allowed
	***** Multi-Family (Condo/Apartments) Requirements *****
☐	Fire Sprinkler/Fire Alarm records of testing and inspection records: Fire Sprinklers: **Date of Last Inspection ____/____/_____** Fire Alarm: **Date of Last Inspection ____/____/_____**

The applicant affirms, under penalty of perjury, that the information contained herein is true and correct to the best of his/her knowledge and belief, and agrees to hold the City harmless for any damages resulting from applicant's misrepresentation, intentional or otherwise.

Owner Address (Primary Residence): _____

Manager Address (If applicable): _____

Owner/Manager Phone Number (For 24 Hour Contact): (_____)_____

Owner Signature:_____ Manager Signature:_____

Date:____/__/_____ _____

Dated this__day of__, 20_____.

_____

Subscribed and sworn to before me this _____day of _____ , 20____

Notary Public for State of Idaho Residing at: _____

My commission expires: _____