

Short Term Rental Owner Inspection Checklist

(Owner is required to initial each line to certify inspection and property is compliant)

Short Term Rental Address:
Property Owner:
Property Owner's Primary Address:
Contact Phone Number:
Email Address:
Date of Inspection (By Owner):

Acknowledgment of General Information:

____ Rental property will have a copy of Neighborly Guidelines and STR License in a prominent place in the rental unit

____ Operation of the short-term rental will comply with the Centennial Neighborly Agreement. Renters will be provided instructions regarding designated parking spaces, where the (2) off-street parking spaces are located.

____ This property is not an accessory dwelling unit (ADU)

____ I have read and understood the City of Centennial Municipal Code regulating Short Term Rental properties

Exterior Safety and Maintenance:

____ Window wells serving basement sleeping rooms are provided with escape ladders and operable windows to allow for secondary egress from the rooms.

____ Address numbers are visible from the street

____ Trash containers are stored out of sight of neighbors

____ Decks and stair rails and guards are unobstructed and shall be maintained

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Interior Safety and Maintenance:

____ Fire extinguisher is in plain view and is certified annually

____ Smoke alarms are installed in each sleeping room and immediately outside each sleeping room such as in a corridor, hallway or great room serving the individual sleeping rooms

- ____ Carbon Monoxide detectors are installed on each level and within 15 feet of sleeping rooms
- ____ Bathroom has a toilet, sink, shower or bathtub and is sanitary
- ____ Bathroom and kitchen outlets are GFCI protected
- ____ Electrical and mechanical systems are in good repair
- ____ Building permits and final inspections have been completed for all work that requires a permit

____ The Neighborly Agreement is posted near the main door of the rental space with all required contact information including phone numbers for the licensee and the local responsible party

____ Number of Bedrooms (Maximum number of 2 adults per bedroom and 8 adults per unit)

I hereby certify that I have inspected the property and completed this form, the items initialed above were checked and were found to be following the City of Centennial code.

Owner (Print):	Owner (Sign):
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The following local responsible party will be available to respond to any issue raised by the renter, neighbor, or the City within (2) hours at all times during which the dwelling is rented.

Name: ______ Phone Number: ______

Email:_____