

SHORT-TERM RENTAL PROGRAM



SHORT-TERM OWNER INSPECTION CHECK LIST

Short-Term Rental Address: _____

Date of Inspection By Owner: _____ Property Owner: _____

Property Owner's Primary Address: _____

Contact Phone Number: _____ Email Address: _____

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

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.

___ 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, stair rails and guards are unobstructed and shall be maintained

___ 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

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

___ 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 Signature: _____

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: _____ Contact Phone Number: _____

Email Address: _____

