



CITY OF DOVER - BUILDING AND PLANNING DEPT.

Street address: 699 Lakeshore Ave. Dover - Mailing address: P.O. 115, Dover Idaho 83825 - (208) 265-8339 (PHONE) (208) 265-9035 (FAX)
www.cityofdover.id.gov (web page)

SHORT-TERM RENTAL SELF-INSPECTION LIFE/SAFETY CHECKLIST

Landowner/Applicant:		File #:
Mailing Address:		Site Address:
Phone:	Email:	
Subdivision Name:	Lot #	Block #
Other Contact Name:		Phone #

General *505.1 Address visible	<input type="checkbox"/> Y <input type="checkbox"/> N	Location/Details/#: _____
Electrical *605.5 Extension cord use	<input type="checkbox"/> Equipped	Location/Details/#: _____
Exits *1014 Exit way obstructions	<input type="checkbox"/> Y <input type="checkbox"/> N	Location/Details/#: _____
Extinguishers *906.3 Correct number, type & size	<input type="checkbox"/> Equipped	Location/Details/#: _____
*906.2 Current inspection tags		Last inspected: _____
*906.9, Properly mounted & accessible	<input type="checkbox"/> Y <input type="checkbox"/> N	Location/Details/#: _____
*906.6		
Fire Detection *907 Smoke detectors	<input type="checkbox"/> Equipped	Location/Details/#: _____

***INTERNATIONAL FIRE CODE**

City Code		
Fire extinguishers	<input type="checkbox"/> Equipped	Location/Details/#: _____
Carbon monoxide detectors	<input type="checkbox"/> Equipped	Location/Details/#: _____
Egress windows	<input type="checkbox"/> Equipped	Location/Details/#: _____
Exit plans	<input type="checkbox"/> Equipped	Location/Details/#: _____
Upper-level escape equipment	<input type="checkbox"/> Equipped	Location/Details/#: _____
Emergency action plans	<input type="checkbox"/> Equipped	Location/Details/#: _____

By signing this form, I acknowledge I have performed a fire self-inspection as noted above and this represents an accurate record of required safety measures, pursuant to Dover City Code 12-7-4 E 4.

Signature of Landowner/Authorized Agent _____	Printed Name _____	Date _____
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