

Village of Peninsula STR Updated Inspection Sheet

Property Address: _____ Zoning District:_____

Inspection Date: _____ Permit Term:_____

Certificate Type:

☐ Short-Term Home Rental

☐ Owner-Occupied Short-Term Rental

Application Type:

☐ Renewal

☐ New

☐ Number of day occupied in previous year per quarterly tax payments:_____

(If number of days does not meet or exceed 60 renewal application shall be denied)

Property Information

☐ Address matches application

☐ Number of bedrooms verified

Verified Bedrooms: _____

Maximum Occupancy Allowed: _____

☐ Property sketch matches existing conditions

☐ Owner: _____

Parking

☐ Parking spaces verified

Number of Parking Spaces:

_____Measurement of spaces:

_____x_____

Location of parking:

☐ In garage

☐ In driveway

☐ On gravel or paved pad

☐ Parking spaces are clearly identifiable

☐ All parking is located off-street

☐ Parking is outside road right-of-way

☐ Parking surface is paved or gravel

☐ Number of parking spaces complies with ordinance

☐ Smoke detector present

☐ Carbon monoxide detector present

Septic

☐ Valid Summit County Septic Operations Permit provided

Exterior

☐ Property is generally maintained

☐ Address visible

☐ Trash containers provided

Rental Rules Posted

☐ Certificate posted inside home

☐ Quiet hours posted (10:00 PM – 7:00 AM)

☐ Parking rules posted

☐ Special Events prohibited notice posted

☐ Guest rules available (with emergency contact included)

Sleeping Areas

☐ Bedrooms match application

☐ No sleeping areas in accessory buildings

☐ No tents, campers, or outdoor sleeping accommodations

Owner/Caretaker Information

☐ Owner contact information verified

☐ Caretaker designated (if required)

☐ 24-hour phone number provided

☐ Caretaker located within 30-minute drive

Insurance

☐ Proof of liability insurance

Documentation Reviewed

☐ Certificate application complete

☐ Insurance documentation

☐ Septic permit

☐ Property sketch

☐ Parking count confirmed

☐ Website/advertising URLs provided☐ Short Term Rental Tax payments

☐ Documented complaints on property

☐ Property Taxes paid

☐ Any outstanding Zoning or Maintenance Code violations

☐ Number of days rented met

☐ Fees paid

Inspector Comments:

Deficiencies Requiring Correction

☐ None

☐ Corrective Action Required by:_____

Description:

Inspection Result

☐ Pass

☐ Pass with Corrections By:

☐ Fail

Inspector Signature: _____

Admin Signature: _____

Date: _____