



Phone: (269) 756-9221

Fax: (269) 756-3031

**SHORT TERM RENTAL PERMIT  
SELF INSPECTION FORM**

Applicant Name: \_\_\_\_\_ Applicant Contact #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

ITEM	COMPLIANCE		COMMENTS
Smoke Detectors			
Each Sleeping Room	Yes	No	_____
Outside Each Sleeping Area	Yes	No	_____
Each Additional Story	Yes	No	_____
Carbon Monoxide Detector	Yes	No	_____
Fire Extinguisher			
Kitchen	Yes	No	_____
Outdoor Cooking Device	Yes	No	_____
Landline Telephone	Yes	No	_____
Lights in Working Condition	Yes	No	_____
Stairways in Safe Condition	Yes	No	_____
Egress Doors Working & Safe	Yes	No	_____
Railings in Safe Condition	Yes	No	_____

Other conditions needing repair or updating:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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I hereby certify the following:

- Each bedroom has a working smoke alarm; there is a working carbon monoxide detector on each floor; and that the owner/agent will check these devices at least every 90 days.
- Each kitchen has a working fire extinguisher and that a working fire extinguisher is located near each outdoor cooking device.
- I will include in my lease agreements the maximum occupancy load as determined by the Village, off street parking requirements, the local landline telephone number, noise regulations, and other ordinance requirements. A copy of the lease agreement is attached hereto.
- I consent to inspections by the Village of Three Oaks and will make the dwelling unit available for inspections upon request.
- I will notify the Village within 30 days of any change in the information provide above.
- I will notify the Village within 30 days if any of the items inspected by the Village are altered after the inspection.

\_\_\_\_\_  
OWNER / AGENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER / AGENT PRINTED NAME