



SHORT TERM RENTAL RENEWAL SAFETY INSPECTION CHECKLIST – SELF-COMPLIANCE AFFIDAVIT

Owner name: _____ STR address: _____ STR License #: _____

Please Note: All statements listed below must be initialed. Failure to initial may delay your license issuance. Must be notarized on second page

	HEALTH & LIFE SAFETY STANDARDS INSPECTION TYPE:	IN COMPLIANCE Initial
1	Handrails/guard rails installed on stairways, porches, and decks in good repair, capable of withstanding 200 lbs of concentrated load.	
2	All sleeping areas have egress windows or a door directly to the outside. For residences with more than one (1) story, an exterior ladder is required for a means of egress. (not required for The Hollows Condominiums with sprinkler systems)	
3	Smoke detectors are required in each sleeping room, outside of bedrooms and on each story. One smoke detector must sound / synchronize ALL ALARMS. UL listed device.	
4	Carbon Monoxide (CO) detectors are required in residences with fuel-fired appliances and/or an attached garage. CO detectors shall be located outside of each separate sleeping area in the immediate vicinity of the bedrooms.	
5	Physical address of residence listed and displayed on a welcome card with "Call 9-1-1" as the emergency number to call. Owner/Manager phone number listed on card.	
6	2 Fire Extinguishers (5 lb.) – 2-A-10-BC. Requirements –1 in the cabinet under the kitchen sink, 1 by the front door. Verify extinguisher pressure gauge is in the GREEN.	
7	Safety Sheet for tenants with the following information: Gas, water, electrical shut off, and exterior ladder location and instructions if needed.	
8	Electrical extension cords used for permanent wiring are not allowed; power strips with surge protectors are allowed.	
9	9-1-1 - Exterior Address Identification shall be legible and placed in a position that is visible from the road fronting the property. Characters shall contrast with their background. Numbers shall NOT be spelled out. Each character shall be not less than 4 inches high with a minimum width of ½ inch.	
10	Pools: Requirements – Secure Barrier, Alarm, Rope and Float	
11	Verify Waste Collection for property	

BUILDING & FIRE SAFETY – For additional information or questions, call Community Development Services at 512-267-0359 or email permitting@jonestowntx.gov

ADDITIONAL NOTES: _____



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By completing and signing this affidavit I (we) affirm that, under pains and penalties of perjury, that I have inspected this property and that it complies with all applicable laws and codes.

Owner Signature Printed Name Date

Owner Signature Printed Name Date

Subscribed and affirmed before me in the county of _____, State of _____, this _____ day of _____, 20_____.

(Notary's official signature)

(Commission Expiration)

