



DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING, PLANNING & ON-SITE SANITATION SECTIONS

1510-B Third Street
Tillamook, Oregon 97141

Land of Cheese, Trees and Ocean Breeze

(503) 842-3408
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SHORT-TERM RENTAL FIRE SAFETY CHECKLIST
(REQUIRED AT TIME OF INITIAL APPLICATION & ANNUAL RENEWAL)

I, the undersigned, hereby affirm that,

- At least one functioning fire extinguisher is accessibly located within the short-term rental dwelling unit. The extinguisher is visible and placed in a secured location to ensure it is accessible to renters at all times.
- All electrical outlets and light switches have face plates.
- The electrical panel has all circuits labeled.
- Ground Fault Circuit Interrupter (GFCI) protected receptacles are provided at outdoor locations and at kitchen and bathroom sinks and are in working order.
- All smoke detectors are located in the dwelling unit in accordance with Ordinance 84 and have been tested to confirm they are in working order.
- All carbon monoxide detectors/alarm devices are located in the dwelling unit in accordance with Ordinance 84 and have been tested to confirm they are in working order.
- All fireplaces, fireplace inserts, and other fuel burning heat sources have been properly installed and vented, and are in working order.
- All interior and exterior stairways with 4 or more steps and that are attached to the structure, are equipped with a handrail.
- All interior and exterior guardrails, such as deck railings, have been properly installed/maintained and are able to withstand a 200-pound impact force.
- Exterior hot tubs have adequate structural support and a locking cover or other barrier to adequately protect against potential drowning when a hot tub is not available for permissive use.
- Exterior lighting has been installed and functions in a manner that prevents glare onto adjacent properties.
- House numbers are prominently displayed and maintained and are visible from the road right-of-way.

By my signature below, I hereby affirm that the foregoing is true, correct and complete to the best of my knowledge and that any false, incomplete or untrue statements could be grounds for Tillamook County revoking my license to operate a short-term rental.

Property Owner/Contact Person

Date

Address: _____

STR License Number: _____