SAN JUAN COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

135 Rhone Street, PO Box 947, Friday Harbor, WA 98250
(360) 378-2354 | (360) 378-2116
dcd@sanjuanco.com | www.sanjuanco.com

Vacation Rental Certificate of Compliance

PERMIT INFORMATION

VR Permit Number _____ Island: _____

Contact Preference ☐ US Mail ☐ E-mail UBI #

OWNER INFORMATION

☐ Check here if this is a new owner 90 day certification.

Name of Owner(s): _____ Email: _____

Mailing Address: _____ Phone: _____

City: State: Zip:

LOCAL PROPERTY REPRESENTATIVE

Name of Representative: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Emergency/Complaint Number (24 hour availability)

1. For the current year _____ (insert year) this vacation rental is:

☐ Active (rented for periods of 30 days or less). Please complete all items in this checklist.
☐ Inactive (not being rented for periods of 30 days or less). Please complete items 2, 12 & 13.

2. For next year this vacation rental is:

☐ Active (rented for periods of 30 days or less). Please complete all items in this checklist.
☐ Inactive (not being rented for periods of 30 days or less). Please complete items 2, 12 & 13.

3. The number of bedrooms this vacation rental permit is approved for is:_____

4. Rules of Conduct:

☐ I have attached a copy of the current Rules of Conduct and provided a copy to all property owners within 300 feet of the vacation rental property boundaries.
☐ The Rules of Conduct and a property boundary map are provided to guests and a copy is prominently posted or otherwise easily accessible in the vacation rental.

5. County Burn Ban Status:

☐ The County burn ban status is prominently posted in the vacation rental. This can be printed from https://sanjuanco.com/1088. It is also advisable to sign up for Fire Marshal notifications to be aware of the current status. Enter your e-mail address and select Fire Marshall under "News Flash" lists at: https://sanjuanco.com/list.aspx

6. Permit Conditions:

☐ I am operating the vacation rental in compliance with the conditions of approval of the above referenced permit.

7. Address:

☐ The address numbers for the vacation rental are visible from the street
☐ There is an address card mounted near phone (if landline present) or on first page of the Rules of Conduct if there is not a landline.

8. Smoke and Carbon Monoxide alarms:

- ☐ Smoke and CO alarms present and in good working order.
- ☐ Smoke alarms and CO alarms are located in all sleeping areas.
- ☐ Smoke alarms located in common areas and in halls outside sleeping areas.
- ☐ Smoke alarms are less than 10 years old.

9. Emergency Egress from sleeping areas:

- ☐ All sleeping areas are provided with a means of emergency egress (functional window or door) to the outside that has an opening of at least 5 square feet at the ground floor level and 5.7 square feet on upper levels, ***or***
- ☐ structure built before 1978.
- ☐ A printed and posted floor plan with egress paths and fire extinguishers noted on the map of the residence is recommended.

10. Fire Extinguishers:

- ☐ There is a fire extinguisher present on each floor.
- ☐ There is a fire extinguisher in the kitchen.
- ☐ All fire extinguishers are serviced annually.

11. General Fire Safety:

- ☐ Space heaters are not used for a source of heat.
- ☐ Extension cords are not used as permanent wiring and there are no multi-plug adapters.
- ☐ Electric panel is labeled and is not locked or blocked (3 ft clearance required).
- ☐ GFCI outlets are located in areas prone to water exposure: bathrooms, laundry rooms, kitchens, outdoor outlets, decks patios and adjacent to pools and hot tubs.

12. Wood stoves and gas appliances and furnaces:

- ☐ All wood stoves, gas appliances and gas furnaces installed within the last year were installed with a permit and inspected by San Juan County.
- ☐ If there is a wood stove, it has had its chimney cleaned this year.

13. Vacation Rental Owner Certification:

I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct. I understand that information about this vacation rental, including UBI number, may be provided to the Washington State Department of Revenue.

_____ _____

Vacation Rental Owner Signature Date

_____

Vacation Rental Owner Name (Printed)