



Short Term Rental

Annual Life Safety Compliance Form

Rev.20250411

Part 1

Applicant Name: _____

Rental Site Address: _____

City/State/Zip: _____

Property Owner Name (if different from above): _____

Property Owner Address: _____

City/State/Zip: _____

Part 2

I hereby certify under penalty pursuant to the laws of the State of Washington that the below items have been checked and were found to be in good working order:

- ☐ Each sleeping room has a window or a door to the outside that provides a clear opening of at least 5.7 square feet (or 5.0 square feet at grade level) and is in good working order.
- ☐ Each sleeping room and access hallways are provided with a working smoke alarm and adequate lighting.
- ☐ Working carbon monoxide alarms are installed within the immediate vicinity of sleeping rooms.
- ☐ There is at least one current and maintained minimum 2A-10BC rated fire extinguisher provided in the dwelling unit that is stored in a place clear of obstructions and is easily accessible by overnight guests.
- ☐ All stairs are structurally sound, have a handrail, and are free of trip hazards.
- ☐ All deck guardrails and stair handrails are firmly attached, free of defects, and capable of supporting imposed loads. These areas also contain sufficient lighting.
- ☐ All bathroom and kitchen counter electrical outlets are Ground Fault Circuit Interrupter (GFCI) protected, and bathrooms are equipped with an exhaust fan or openable window.
- ☐ All plumbing fixtures are provided with sufficient hot and cold water.
- ☐ All occupied rooms are provided with working electrical outlets and lighting fixtures without the need for extension cords.
- ☐ The heating system is in sound working order.
- ☐ The water heating system is in sound working order.
- ☐ All kitchen appliances provided with working electrical outlets and are not plugged into an extension cord.
- ☐ There is a manual in the dwelling unit listing the location of the circuit breaker box, fire extinguisher(s), dwelling unit exits (e.g. exists from the building to a safe space in case of an emergency), and contact information for the operator or property owner.
- ☐ For structures with three or more dwelling units, the structure is fire sprinkled and is in current working order.

STATE OF WASHINGTON)
) ss
County of Spokane)

I certify that I know or have satisfactory evidence that _____ signed this document and acknowledged it to be their free and voluntary act for the uses and purposes therein mentioned.

Signature of Applicant

Dated

Signature of Notary Public

Appointment Expiration Date