

Town of Cumberland Gap, Tennessee SHORT TERM VACATION RENTAL CODE COMPLIANCY CHECKLIST

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Certificate Number: _____

1. Contact Information

Property Owner or Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

2. Property Information (Property being rented)

Physical Address: _____

City, State, Zip: _____

Building Inspector Check List for Code compliance

1. More than 5 sleeping rooms? Yes ____ No ____

2. Visible address posted on dwelling? Yes ____ No ____

3. 2 means of egress from dwelling? Yes ____ No ____

4. 36" Guardrail where required" Yes ____ No ____

5. Graspable Handrail on stairs? Yes ____ No ____

6. Window fall protection? Yes ____ No ____

7. 1 bathroom with sink, toilet and shower/bath tub? Yes ____ No ____

8. Does sinks, showers have both hot and cold water?
Yes ____ No ____

9. All kitchen and bathrooms have GFCI protection?

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Yes ____ No ____

10. Is there a swimming pool on property? Yes ____ No ____

- If yes is there security fencing? Yes ____ No ____
- If yes is there GFCI protection? Yes ____ No ____
- If yes is there a pool light with GFCI protection?? Yes ____ No ____
- If yes does it have the state required pool alarm? Yes ____ No ____

11. Is there a spa/Jacuzzi on this property? Yes ____ No ____

- If yes does it have GFCI protection on the pool equipment? Yes ____ No ____
- If yes does it have the electrical disconnect required? Yes ____ No ____

12. Heating / Air conditioning available? Yes ____ No ____

13. Parking area sufficient for occupant load? Yes ____ No ____

Date / Time of Inspection: _____

Building Inspector: _____ Date: _____

Other Code related Findings:

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Property Owner or Agent: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ **Email:** _____

2. Property Information (Property being rented)

Physical Address: _____

City, State, Zip: _____

Fire Chief Check List for Code compliance

1. Smoke detectors Hardwired and Interconnected? Yes ___ No ___

2. Fire Escape Plan Posted in dwelling? Yes ___ No ___

3. Fire Extinguishers in approved locations and mounted? Yes ___ No ___

4. Emergency escape rescue openings? Yes ___ No ___

5. Carbon Monoxide detectors (if required)? Yes ___ No ___

Date / Time of Inspection: _____

Fire Chief: _____ **Date:** _____

Other Code related Findings:
