

Exhibit D

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HOUSING AND COMMUNITY DEVELOPMENT

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Vacation Rental Home Inspection Checklist

Property Information

☐ Have your Vacation Rental Operation Application number ready.

☒ Vacation Rental Address and Unit/Suite/Apt # 1047 LAUREL LANE, PEBBLE BEACH

☒ Total number of bedrooms 3

☒ Total number of onsite parking spaces (e.g. garage, driveway) 7

Interior Inspection

☒ Beds are located in approved Bedrooms, in compliance with the Building Code at the time of construction, with appropriate ingress and egress.

☒ Every sleeping room has a functional smoke alarm.

☒ Every hallway with a sleeping room has a functional smoke alarm. Every floor has a functional carbon monoxide alarm.

☒ All built-in kitchen appliances operate properly and space for food storage, preparation, and serving are in good and safe condition. All electrical outlets in kitchen and bathrooms are Ground Fault Circuit Interrupter (GFCI) protected.

☒ Water heater is properly strapped, adequately vented, and temperature and pressure relief valves are drained to outside. LOCATED IN UNDER FLOOR AREA

☒ Other heating equipment is in safe operating condition and placed in an approved location.. LOCATED UNDER FLOOR AREA

☒ There is at least one readily accessible class A fire extinguisher located in the home that has been serviced annually by a certified fire extinguisher company.

☒ The building conforms to the applicable state building and fire codes at the time the building was constructed.

Exterior Inspection

☒ There is no evidence of infestation, garbage, and debris at the site.

☒ The property has active garbage pick-up service.

☒ If a garage is present, it is only used as a garage and only non-combustible flooring exists. Driveway, if present, is open and accessible to vehicles.

☒ Property is in an overall safe and sanitary condition.

☒ Water heater is properly strapped, adequately vented, and temperature and valves are drained to outside. Other heating equipment is in safe operating condition and placed in an approved location.

Home Inspection Results

☒ Passed

☐ Failed

Remarks/Observations:

RECOMMENDED RELOCATING BED IN FRONT RIGHT BEDROOM TO PROVIDE ACCESS TO OPERABLE WINDOWS

Home Inspector Certification AMERICAN SOCIETY OF HOME INSPECTORS, CERTIFIED HOME INSPECTOR #245166

Under penalty of perjury, the undersigned certifies that the information on this form is based on an actual site inspection of the property and is complete and accurate.

Michael K. Rachel
Home Inspector or General Contractor Name & Acknowledgement

MICHAEL K. RACHEL PENINSULA HOME INSPECTIONS LLC, CARMEL, CA 831-241-0948
License/Certification # (for Contracts certified by the California Contractors State License Board, the certification must be a License Classification Type B, B-2, or C-47):

Date

11-6-2024

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South 2nd Floor

Salinas, CA 93901

831-755-5025

Sitemap

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