

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

Page 1 of 3

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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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:

