



# MARIPOSA PLANNING

## COUNTY OF MARIPOSA

5100 BULLION STREET • POST OFFICE BOX 2039  
MARIPOSA, CALIFORNIA 95338-2039  
209 . 966 . 5151 • FAX 209 . 742 . 5024

Sarah Williams, Director

[swilliams@mariposacounty.org](mailto:swilliams@mariposacounty.org)

### **RE: 2017-2018 Annual Self-Inspection Compliance Report – DUE APRIL 30, 2018**

Dear Transient Rental Business Operator:

Mariposa County Code §17.108.180.Q establishes an annual requirement for residential transient occupancy business operators to submit a **self-inspection compliance report** for each rental facility managed. As an operator, you are required to submit a report on the attached form for your Residential Transient Occupancy facility (B&B or Vacation Rental). A separate report is required for each facility, if you own or manage more than one facility. Mariposa County Code, §17.108.180.Q establishes the requirements and the annual deadline. **Please conduct your inspection and return the correct form by April 30, 2018.**

The purpose of the inspection and report is to ensure that your facility remains in compliance with the residential transient occupancy safety checklist in effect at the time the transient occupancy registration certificate was issued. The inspection and report requirement applies to all residential transient occupancy facilities, regardless of their approval date.

Failure to maintain your residential transient occupancy facility in accordance with the applicable safety checklist requirements and/or failure to submit the annual facility compliance report is a County Code violation, which could result in revocation of the facility's approval and revocation of your Transient Occupancy Tax (TOT) Certificate.

Please **conduct an inspection of your facility on or around April 1<sup>st</sup>**, complete the form and send it back to the Planning Department as soon as possible. **Completed forms are due by April 30, 2018.**

Click here for the [applicable standards checklist](#), and the [compliance reporting form](#), or see our [web page](#) in the Planning Department on the Mariposa County website. You also can call to have a form mailed to you. Please contact our office at (209) 966-5151 should you have any questions regarding this requirement. You may also email Chris Geis at [cgeis@mariposacounty.org](mailto:cgeis@mariposacounty.org)

Regards,

Sarah Williams

**Residential Transient Occupancy Facility  
2017-2018 Self-Inspection Compliance Report**

**REPORTING PERIOD: April 1, 2017 through April 1, 2018**  
**SUBMITTAL DEADLINE: April 30, 2018**

Rental Facility Name: \_\_\_\_\_

Transient Occupancy Tax Certificate No.: \_\_\_\_\_

Business Operator: \_\_\_\_\_

APN: \_\_\_\_\_ Facility Address: \_\_\_\_\_

**Please conduct a self-inspection of your facility on (or around) April 1<sup>st</sup>. Indicate the date of your inspection and initial each line below if you find compliance with the following:**

Date of self-inspection: \_\_\_\_\_, 2018

Initial: \_\_\_\_ Yes, all smoke alarms and CO detectors are in working condition with fresh batteries.

Initial: \_\_\_\_ Yes, all fire extinguishers are adequately charged.

Initial: \_\_\_\_ Yes, the transient occupancy structure and any improvements or modifications were constructed under appropriate building permits or permits from the CA Housing and Community Development Department (for mobile homes).

Initial: \_\_\_\_ Yes, the facility remains in compliance with the residential transient occupancy safety checklist in effect at the time the transient occupancy registration certificate was issued (enclosed).

Indicate date of safety checklist used: \_\_\_\_\_ (to coincide with TOT application date)

If you are unable to verify and confirm any of the above, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify (or declare) under penalty of perjury under the Laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. I further verify, under penalty of perjury, that I am reporting and paying appropriate Transient Occupancy Taxes (TOT) and Tourism Business Improvement District (TBID) Taxes for the rental of the transient occupancy facility listed on this form.*

Signed in \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner, Corporate Officer, or Manager

\_\_\_\_\_  
Title, if applicable

\_\_\_\_\_  
Printed Name of Person Signing this Form

\_\_\_\_\_  
Telephone Number (8 a.m. - 5 p.m.)

\_\_\_\_\_  
E-mail

**RETURN COMPLETED AND SIGNED FORM TO:** MARIPOSA COUNTY PLANNING DEPARTMENT  
P.O. Box 2039  
Mariposa, CA 95338