



**Residential Transient Occupancy Facility
2020-2021 Self-Inspection Compliance Report**

(NOTE: A separate report is required for EACH facility)

REPORTING PERIOD: April 1, 2020 through March 30, 2021

SUBMITTAL DEADLINE: April 30, 2021

Rental Facility Name:

TOT Certificate No:

Facility Address:

APN:

Owner:

Email:

Please:

- 1) Conduct a self-Inspection of your facility before April 30, 2021**
- 2) Indicate date of your inspection and either answer the question OR circle Y for Yes, or N for No. If a question does not apply please indicate the question number and why it is not applicable on page 2.**
- 3) Sign and date at the bottom of the form (page 2).**

Date of self-inspection: _____, 2021

Checklist for Residential Transient Occupancy Facility Self-Inspection Compliance Report

- Y – N 1. Have you submitted all required Transient Occupancy Taxes to the Tax Collector during the reporting period?
- Y – N 2. Has the facility remained in compliance with the residential transient occupancy safety checklists (from the Building and Fire Departments) in effect at the time the transient occupancy registration certificate was issued?
- Y – N 3. Has the unit remained in compliance with all fire protection provisions of the Public Resources Code, including maintenance of the required fuel break surrounding the residence as required by CAL FIRE?
- Y – N 4. Are the smoke alarms and CO detectors located in each bedroom in working condition?
- Y – N 5. Are all fire extinguishers adequately charged, conspicuously located, readily available and plainly marked?
- Y – N 6. Has your on-site sewage disposal system or small private community system been maintained as originally approved by the Health Department?
- Y – N 7. Has your water supply system been maintained as originally approved by the Health Department?
- Y – N 8. Do you have a minimum 8 ½" x 11" written notice in your rental unit which contains the following information
(Check all that apply):
- Instructions in case of fire or other emergency, including the name and phone number of the property owner or rental manager including fire escape routes.
 - Quiet hours are between 10:00 p.m. and 8:00 a.m.
 - Water and energy conservation measures.
 - Proper use of wood burning stoves and fireplaces.
 - Parking and snow removal requirements, if necessary. No parking on roadway is permitted during snow removal periods declared by the Director of Public Works, pursuant to County Code, Section 10.08.110.
 - An identification of the character or area in which the unit is located (i.e. rural, agricultural, residential).
 - A statement relative to respect for adjacent property owner's rights and trespassing concerns.
 - Proper trash disposal, and bear preventive/control measures if applicable (El Portal, Wawona, Fish Camp, and Yosemite West).
- Y – N 9. For non-owner-occupied vacation rentals, is there a minimum 5" x 7" weather-proof NOTICE that is easily and conspicuously visible at or near the main entrance to the rental unit with the name and phone number of the property owner or rental manager who is available by phone in case of emergency?
- Y – N 10. Is your occupancy limit posted over or next to the facility's primary exit door?

(Required Checklist CONTINUED ON BACK)

Y – N 11. Is your street address posted as required?

Y – N 12. Are parking and snow removal requirements (if necessary) posted? No parking on roadway is permitted during snow removal periods declared by the Director of Public Works, pursuant to County Code, Section 10.08.110 (for elevations above 2500 feet).

_____ 13. How many on-site, year-round accessible parking spaces are available? Parking may be stacked.

_____ 14. How many bedrooms are you renting?

_____ 15. What is your occupancy limit?

_____ 16. How many transient occupancy rental facilities do you maintain on this parcel?

If you are unable to confirm or answer any of the above, please explain:

*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 I am 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 _____, 2021

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.)

Owners Name(s)

Current Mailing Address

E-mail address, if not provided on front of this form

Daytime Telephone Number

Managing Company and/or Business Operator

Current Mailing Address

E-mail address, if not provided on front of this form

Daytime Telephone Number

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

**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY APRIL 30, 2021
TO AVOID POTENTIAL VIOLATIONS AND FINES**

INCOMPLETE FORMS WILL NOT BE ACCEPTED