



# RENTER SELF-CERTIFICATION CHECKLIST

UNIT #: \_\_\_\_\_

Please check each line to certify you are in compliance with the Provincetown Habitations for Rent Regulations

## LIFE SAFETY

- \_\_\_\_\_ THE CERTIFICATE TO RENT IS/WILL BE POSTED CONSPICUOUSLY
- \_\_\_\_\_ STREET NUMBER IS CLEARLY MARKED ON BUILDING
- \_\_\_\_\_ ELECTRICAL PANEL/CIRCUIT BREAKER IS LABELED CLEARLY AND ACCESSIBLE
- \_\_\_\_\_ SMOKE DETECTORS ARE IN WORKING ORDER
- \_\_\_\_\_ CARBON MONOXIDE DETECTORS ARE IN WORKING ORDER
- \_\_\_\_\_ DECKS, GUARDRAILS, AND HANDRAILS ARE PRESENT IF APPLICABLE AND IN WORKING ORDER
- \_\_\_\_\_ EGRESS FROM BUILDING IS UNOBSTRUCTED
- \_\_\_\_\_ FIRE EXTINGUISHERS ARE PRESENT AND MAINTAINED AS REQUIRED BY CODE
- \_\_\_\_\_ EMERGENCY LIGHTS ARE LOCATED IN COMMON AREAS OR EGRESSES OF CONDOMINIUM COMPLEX

## SANITATION

- \_\_\_\_\_ RENTERS ARE INFORMED OF RECYCLING/TRASH PROCEDURES
- \_\_\_\_\_ RECYCLING/TRASH IS STORED AND DISPOSED OF PROPERLY
- \_\_\_\_\_ BUILDING ENVELOPE IS SECURE & WEATHER TIGHT
- \_\_\_\_\_ BUILDING EXTERIOR IS IN GOOD REPAIR
- \_\_\_\_\_ SITE AND BUILDING LIGHTING ARE SUFFICIENT
- \_\_\_\_\_ DWELLING INTERIOR IS IN GOOD REPAIR
- \_\_\_\_\_ DWELLING IS CLEAN AND IN GOOD REPAIR
- \_\_\_\_\_ VENTILATION/AIR EXCHANGE IS SUFFICIENT
- \_\_\_\_\_ DOORS/WINDOWS ARE OPERABLE AND SECURE
- \_\_\_\_\_ NO EVIDENCE OF EXCESSIVE MOISTURE
- \_\_\_\_\_ SUFFICIENT NATURAL LIGHT
- \_\_\_\_\_ ALL FIXTURES PRESENT AND IN GOOD REPAIR
- \_\_\_\_\_ NO ACTIVE HAZARDS PRESENT
- \_\_\_\_\_ NON-POROUS SURFACE FINISHES ARE INTACT
- \_\_\_\_\_ DWELLING IS SOUND BUFFERED
- \_\_\_\_\_ DWELLING IS PEST/VERMIN FREE
- \_\_\_\_\_ SCREENS ARE INSTALLED (APRIL 1 - OCTOBER 30)
- \_\_\_\_\_ KITCHEN FACILITIES ARE PROVIDED AND IN GOOD REPAIR (YES/NO)

## WASTEWATER *(select one)*

TYPE OF WASTEWATER DISPOSAL SYSTEM:     CESSPOOL     SEWER     SEPTIC/TITLE 5

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## OWNERS DUTY OF COMPLIANCE *(initial each of the following)*

- \_\_\_\_\_ I will ensure that compliance with the conditions set forth in the Rental Certificate and all applicable laws relative to the habitation of the premises is maintained at all times.
- \_\_\_\_\_ I will ensure that the maximum occupancy of the premises is not exceeded at any time.
- \_\_\_\_\_ I will ensure that the individual(s) identified as being available for responding to emergencies and requests for assistance are in fact available at all times and that a prompt and appropriate response is provided.
- \_\_\_\_\_ I understand that the Board of Health may, in lieu of suspension or revocation, modify any Rental Certificate to impose additional conditions, including but not limited to a requirement for periodic inspections and/or a limitation on the maximum number of occupants allowed.
- \_\_\_\_\_ I understand if any Rental Certificate is suspended or revoked, I am responsible for finding alternative and comparable housing for any and all tenants until such time as the tenancy ends or the rental certificate is reinstated.
- \_\_\_\_\_ I certify, under pains and penalties of perjury, that I have inspected each unit and that it complies with all applicable laws, including but not limited to the State Sanitary Code, 105 CMR 410.000, et seq., the State Building Code, 780 CMR, the Town of Provincetown Zoning Bylaws, and Provincetown Board of Health Regulation Part XII.

Sign: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_