

Residential Transient Occupancy Facility 2022-2023 Self-Inspection Compliance Report

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

REPORTING PE Rental Facility N	RIOD: April 1, 2022 through March 30, 2023 Name:	SUBMITTAL DEADLINE: April 30, 2023 TOT Certificate No:
Facility Address	: :	APN:
Owner:		Email:
Please:		
2) Indicate does no	t a self-Inspection of your facility before April 30, 202 edate of your inspection and either answer the quest of apply please indicate the question number and why did date at the bottom of the form (page 2).	ion OR circle Y for Yes, or N for No. If a question
	Date of self-inspe	ection:, 202
Checklist for R	esidential Transient Occupancy Facility Self-Inspection	n Compliance Report
<u>Y − N</u> 2. Has t Build <u>Y − N</u> 3. Has t mair <u>Y − N</u> 4. Are t <u>Y − N</u> 5. Are a <u>Y − N</u> 6. Has y appr <u>Y − N</u> 7. Has y <u>Y − N</u> 8. Do y (Che	e you submitted all required Transient Occupancy Taxes the facility remained in compliance with the residential ding and Fire Departments) in effect at the time the track the unit remained in compliance with all fire protection intenance of the required fuel break surrounding the resthe smoke alarms and CO detectors located in each becall fire extinguishers adequately charged, conspicuously your on-site sewage disposal system or small private convoiding the Health Department? Your water supply system been maintained as originally ou have a minimum 8 ½" x 11" written notice in your restall that apply): Instructions in case of fire or other emergency, including propertyowner or rental manager including fire escal Quiet hours are between 10:00 p.m. and 8:00 a.m.	transient occupancy safety checklists (from the insient occupancy registration certificate was issued a provisions of the Public Resources Code, including sidence as required by CAL FIRE? droom in working condition? y located, readily available and plainly marked? ommunity system been maintained as originally y approved by the Health Department? ental unit which contains the following information ding the name and phone number of the
	Water and energy conservation measures.	
	Proper use of wood burning stoves and fireplaces.	
	Parking and snow removal requirements, if necessar snowremoval periods declared by the Director of Pub 10.08.110.	
	An identification of the character or area in which the	e 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 m Camp, and Yosemite West).	neasures if applicable (El Portal, Wawona, Fish
consp prope	non-owner-occupied vacation rentals, is there a minim picuously visible at or near the main entrance to the re erty owner or rental manager who is available by phone	ntal unit with the name and phone number of the e in case of emergency?
Y – N 10. Is v	our occupancy limit posted over or next to the facility's	s primary exit door?

(Required Checklist CONTINUED ON BACK)

Y - N 11. Is your street address posted as requir	ed?			
Y - N 12. Are parking and snow removal require	ments (if necessary) pos	sted? No parking on roadwa	y is permitted	
during snow removal periods declared	by the Director of Publi	c Works, pursuant to Count	y Code, Section	
10.08.110 (for elevations above 2500 f	eet).			
13. How many on-site, year-round accessi	ble parking spaces are a	available? Parking may be st	acked.	
14. How many bedrooms are you renting?	>			
15. What is your occupancy limit?				
16. How many transient occupancy rental	facilities do you mainta	in 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 accompanying statements or documents, is true, correct and perjury , that I am reporting, and I am paying appropriate Tro Taxesfor the rental of the transient occupancy facility listed o	complete to the best of my kansient Occupancy Taxes (TO	nowledge and belief. I further ver	fy, under penalty of	
Signed in		day of	, 2023	
Signature of Owner, Corporate Officer, or Manager	Title, if applicable			
Printed Name of Person Signing this form	Telephone Number	Telephone Number (8 a.m. – 5 p.m.)		
Owners Name(s)	Current Mailing Add	Current Mailing Address		
E-mail address, if not provided on front of this form	Daytime Telephone	e Number		
Managing Company and/or Business Operator	Current Mailing Ad	dress		
E-mail address, if not provided on front of this form	Daytime Telephone	e Number		
	MARIPOSA COUNTY PO Box 2039	Y PLANNING DEPARTM	1ENT	

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY APRIL 30, 2023
TO AVOID POTENTIAL VIOLATION ACTION

Mariposa, CA 95338

INCOMPLETE FORMS WILL NOT BE ACCEPTED