



CITY OF 29 PALMS
 COMMUNITY DEVELOPMENT DEPARTMENT
 6136 ADOBE ROAD
 TWENTYNNE PALMS, CA 92277
 760-367-6799
 www.29palms.org

VACATION HOME RENTAL SAFETY INSPECTION APPLICATION

Property Address _____

Assessor Parcel Number(s) _____

Property Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Agent Name (if representing an Owner) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

By signing below, the applicant (owner or agent) affirms that the information provided on this application is true and accurate to the best of their knowledge, and grants permission to the Building Inspector to make a safety inspection of the house(s). When you have met the required safety features below and are ready for the safety inspection, please call the Inspection Request Line at (760) 361-5140.

Signature _____

FOR CITY USE ONLY

	Inspector Initials		Inspector Initials
Stand Alone Single-Family Residence	_____	Emergency Evacuation Map	_____
Smoke Detectors	_____	Required Parking	_____
Carbon Monoxide Detectors	_____	Visible House Numbers	_____
Fire Extinguishers	_____	Pool Safety	_____

Date Submitted _____

Received By _____

Case Number _____

Application Fee _____