



Rooming/Lodging House
Compliance Plan



Date of Initial Contact: _____ Contacted By: _____

Contact Information

Property Owner: _____ Property Manager: _____

Property Address(es): _____

Phone Number : () _____ Email: _____

Number of Rooms: _____ Number of Tenants: _____

SUMMARY NOTES –Initial Visit

ZONING	Meets Standards	Non Compliant	ACTION PLAN
Registered as Business			
Fire Safety Standards			
Health Standards			
Property Standards			
Electrical Standards			
Parking Standards			

