

1

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			

Rooming/Lodging House

Compliance Plan

APPLICATION PROCESS	DATE	ACTION REQUIRED
Submit Zoning Verification		
Obtain Zoning Verification		
Submit Police Clearance Check		
Obtain Police Clearance		
Submit Establishment License Application		
Submit Certificate of Compliance		
Submit City Inspection Request & Fees		
(Fire, Public Health, Parking, Property)		
Obtain Inspection Reports		
Correct Identified Inspection Deficiencies		
Resubmit Inspection Request		

LICENSE GRANTED

Date _____

_____ dd / mm / yyyy

Certificate #: _____

NOTES TO FILE

DATE	NOTES
-	