

Certification of Section 35.04 (D) Compliance Statement

Initial each line

- All areas that do comply with the egress requirements for sleeping quarters must be conspicuously identified with a sign stating “This room shall not be used as a sleeping area due to lack of safe egress.”
- If the basement does not have at least two (2) methods of egress to the outside, must be conspicuously identified with a sign stating “This basement shall not be used for a sleeping area due to lack of safe egress.”
- At least one UL approved carbon monoxide detector must be installed. (If a multiunit building, special rules apply.)
- A UL approved smoke detector must be installed outside each bedroom (or bedroom grouping). See Chapter SPS 362.0907 of the Wisconsin Administrative Code for more details.
- No wood or solid fuel burning stove or fireplace will be used or installed unless a certificate of inspection is provided to the Marquette County Zoning Office. See Marquette County Code of Ordinance Chapter 35.04 (D) (9) for further details.
- The property shall not have a hibachi, gas-fired grill, charcoal grill, or other similar devices used for cooking, heating, or any other purpose on any balcony, deck or under any overhanging structure or within ten (10) feet of any structure.
- Personal Injury and Property Damage Insurance will be in force at all times this permit is effective.
- A license from the Tri-County Environmental Health Department has been obtained prior to commencing rental activities.
- A visible and accessible fire extinguisher that has passed a fire inspection dated not more than one (1) year before the date of issuance or renewal by the local fire department or equivalent inspector.
- A resident agent is available at all times while this permit is in effect.
- Neither the applicant nor the property that is the subject of the application has outstanding taxes, fees, penalties or forfeitures owed to the County or room tax due and owing to any local governmental entity.

I, _____, hereby acknowledge the above listed items will be
(Print resident agent's name or Management Company)
complied with during the entire time that the Marquette County Tourist Rooming House Permit, for which I am applying for, is in effect. I further acknowledge that it is my responsibility to notify the Marquette County Zoning Office of any change in status of any condition or terms of said permit as soon as practically possible.

Signature _____ Date _____
(Resident Agent Signature)