## **THOUSAND ISLAND PARK CORPORATION**

## COTTAGE SAFETY COMPLIANCE CERTIFICATION - FORM 1-A

NAME OF COTTAGE OWNER:			_PHONE #:							
"911" Address of Cottage:			LOT #							
PERM	MANENT ADDRESS OF OWNER:									_
Емаі	IL Address									_
Com	part of T.I Park's Fire Protection Plan established in 2015, pliance Certification process. It is the Cottage Owner's renspector's official report, to be kept on file at the T.I. Park	sponsibili	ty to	pr	ovide a		-			•
PRIC	<b>SE note:</b> All owners who rent their cottages must complete <b>OR</b> to any rental of their cottage. This process is also requiease transfer.	•		-						
Date	of Inspection of Electrical Service									
[1.]	Cottage electrical service passed safety inspection				Yes	[	]	No	[	]
[2.]	Individual Smoke Detectors in Each Bedroom				Yes	[	]	No	]	]
[3.]	Current Fire Extinguisher in Kitchen				Yes	[	]	No	]	]
[4.]	Fire Extinguisher in Second Floor Bedroom	N/A	[	]	Yes	[	]	No	[	]
[5.]	Adequate Property & Liability Insurance in place				Yes	[	]	No	]	]
[6.]	Adequate and safe egress points				Yes	]	]	No	[	]
Certi deter gues	ters failing to complete and submit a Safety Compliance fication is required to ensure compliance with common extraction as a certified electrical inspector. This process will to and valued TI Park assets.  The information entered above is accurate and continuous contents.	lectrical ar I help ens	ıd fi	re p	revent	ion l	est	practio	ces a	S
	AGE OWNER	——————————————————————————————————————								

## **Compliance Inspection Section** Date: \_\_\_\_\_ Inspector Name: Property passed safety inspection Yes [ ] No If No – Areas That Need To Be Addressed: Reviewed With Cottage Owner: Yes [ ] No Date: \_\_\_\_\_ [ ] Inspector Signature: Date To Remedy Violations:

Revised 10/2017