



Laconia Housing Authority

Serving the People of the Lakes Region Since 1968

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Date: _____

Tenant Name: _____

Dear Landlord/Manager/Agent:

Attached are documents that are required for the Laconia Housing Authority to offer rental assistance to our clients. These forms need to be completed by you (the owner) so we can begin the process of approving your lease and creating a HUD Housing Assistance Payment Contract between you and LHA.

You will be required to sign a lease with the tenant and a contract with the Laconia Housing Authority. We are unable to assist a family in a rental unit if there is no signed lease and HUD Contract.

Please complete and return all of the following documents:

1. Request for Tenancy Approval (2 pages)
2. Rental Market Data Form
3. Direct Deposit Authorization (Remember to attach a voided check or deposit slip!)
4. Lead-Based Paint Disclosure
5. W-9 Tax Form (4 pages)

The documents and information listed above are required before we can begin the process of rental assistance. Once these documents are returned we will need to evaluate the lease and Request for Tenancy Approval. An inspection of the property for Housing Quality Standards and rent reasonableness will need to be conducted. In addition, for properties located in Laconia, LHA must have on file a Rental Property Certificate of Compliance issued by the City of Laconia for the building in which the HCV client is to live.

The Laconia Housing Authority has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility. An owner may consider a family's background with respect to such factors as:

- Payment of rent and utility bills
- Caring for the unit and premises
- Respecting the rights of others to the peaceful enjoyment of their housing
- Drug related criminal activity that is a threat to the life, safety or property of others
- Compliance with other essential conditions of tenancy

If you have any questions, please contact the Laconia Housing Authority.

Occupancy Department
Laconia Housing Authority



25 Union Avenue, Laconia, NH 03246 | www.LaconiaHousing.org
Ph: 603.524.2112 | Fax: 603.524.2290 | Tdd: 800.735.2964





Laconia Housing Authority

Serving the People of the Lakes Region Since 1968

TO: Participating Housing Choice Voucher Landlords
FROM: Richard Weaver, Executive Director
RE: Rental Property Certificate of Compliance

In order to further the safety of households participating in the Section 8 Housing Choice Voucher (HCV) program as administered by Laconia Housing Authority (LHA), LHA is embarking on a building inspection initiative in cooperation with the City of Laconia Housing Code and Fire Departments. As part of this effort, all buildings with an HCV tenant will be required to obtain from the City a Rental Property Certificate of Compliance prior to LHA performing a Housing Quality Standards (HQS) inspection.

The requirement for obtaining a Certificate of Compliance will be phased in over time. All new HCV tenant occupancies will require a Certificate for that building before LHA can begin subsidy payments. Buildings with existing HCV tenants will not be required to obtain a Certificate until the time of annual contract renewal. All requests for a Certificate of Compliance inspection can be made by contacting the Laconia Fire Department.

Once a Certificate of Compliance has been obtained for a building, then all units in that building will be covered. There will not be a need to obtain a new Certificate of Compliance for each HCV tenant occupied unit in an already covered building. Each HCV unit will, however, still be required to pass an HQS inspection at initial move in and at annual renewal.

Included with this packet are two documents from the City of Laconia to assist you in obtaining a Rental Property Certificate of Compliance. These documents will let you know what to expect when a city official comes to inspect your building.

The first document is the Fire Department's Inspection Requirements Guidebook. The second document is the Multi-Family Self Inspection Checklist. These two documents provide the core of what the City will be looking at when inspecting your entire building, not just the HCV occupied unit.

LHA will maintain a file of all buildings that have received a Certificate of Compliance. Those buildings will not require a new Certificate for a new HCV occupancy or for the annual renewal of an existing HCV occupancy. LHA will only require a new Certificate of Compliance if the existing Certificate has expired **and** LHA has questions as to whether or not the building is still Housing Code and Fire Department compliant.

Although obtaining a Rental Property Certificate of Compliance is an extra step in the HCV process, there are no additional requirements placed upon a landlord above and beyond existing state statutes and city ordinances. This initiative will insure that all HCV tenants are able to live in safe, sanitary, and decent rental housing.

Your cooperation is appreciated as we transition this initiative into place. Should you have any questions, please feel free to contact Mary Jackson, Housing Director or Amy McCaffrey, HCV Program Manager here at Laconia Housing Authority.



Request for Tenancy Approval Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA) Laconia Housing Authority 25 Union Avenue Laconia, NH 03246			2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection		
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise							
10. If this unit is subsidized, indicate type of subsidy <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit <input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____							

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Rental Market Data

Laconia Housing Authority HCV Program

Landlord Name: _____ Phone: _____

Landlord Address: _____

General Property Information (Unassisted Units Only)

Address of Unit: _____

Number of Bedrooms: _____ Asking Rent: \$ _____ per _____

Nearest Cross-Streets: _____ and _____

Nearby Amenities: Bus-line Church Shopping Area Schools Hospital

Building Type: Walk-up/Low-rise Duplex Row/Townhouse

Detached/Single High Rise Mobile Home

Total units in building: _____ Square Footage of Unit: _____

Utilities

Heat Type: FHW FHA Space Heater

Please indicate who pays for the following utilities and what type of fuel is used:

Heat: Electric Natural Gas Bottled Gas Oil Paid By: Tenant Owner

Hot Water: Electric Natural Gas Bottled Gas Oil Paid By: Tenant Owner

Cooking: Electric Natural Gas Bottled Gas Paid By: Tenant Owner

Electricity (Lights, etc.): Paid By: Tenant Owner

Amenities

Floor Covering (Check all that apply): Linoleum Tile Wood Carpet Other _____

Included Appliances (Check all that apply): Refrigerator Washer/Dryer Range
 Dishwasher Garbage Disposal Microwave

Bathroom (Check all that apply): Shower Stall Tub Tub with Shower Non-Scalding Shower

Special Features (Check all that apply): Elevator Blinds/Drapes Private Patio/Deck Water Access
 Pool Tennis Courts Off-Street Parking Playground
 Garage Storage Laundry Hook-Ups Coin-Op Laundry
 Other _____

Signature

By signing, I certify that the above information is true and accurate to the best of my knowledge.

Signature

Date



Laconia Housing Authority

Serving the People of the Lakes Region Since 1968

URGENT! Action Required!

Effective, April 2007, Housing Choice Voucher Housing Assistance Payments (HAP) will be paid to **ALL** Landlords by "Direct Deposit" ACH to Landlord's designated bank account on the 2nd business day of each month.

LHA may require a 'test run' before beginning direct deposit. If a test run is necessary it will occur on the 2nd business day of the month following the date LHA receives this completed form with **VOID check attached**. If the test run processes correctly, HAP can be Direct Deposited on the 2nd business day of the month following the test run date.

Please call Judy in LHA Finance Dept if you have any questions. (524-2112 ext. 17)

Authorization for Direct Deposit

I authorize **Laconia Housing Authority** to deposit any funds owed to me into my checking/savings account listed below via Direct Deposit ACH.

Financial Institution: _____

Checking – Bank Routing # _____, Account # _____

Savings – Bank Routing # _____, Account # _____

⇒ **VOID check must be attached to verify Bank Routing # and Account #.** ⇐

(If you don't have checks for the Savings Account, you must provide a deposit slip for that account.)

Authorized Signature: _____ Date: _____

Signer's Name (please print) : _____ Phone: _____

Name / Company HAP Contract Under (please print): _____

Mailing Address (please print): _____

Monthly HAP Breakdown available by e-mail for Landlords with multiple HCV tenants only.

Please send a monthly breakdown by e-mail to: _____

Please "PRINT" E-mail Address

For LHA Finance Office Use Only:

Request Rec'd on: _____ Name/Company in PHA Partner: _____

Void Check attached? _____ Test Run Date: _____ Begin Dir. Dep. on: _____

Entered in PHA Partner: _____ Landlord List: _____ Bank: _____



Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LACONIA FIRE DEPARTMENT



INSPECTION REQUIREMENTS GUIDEBOOK

Multi-Family Residential Dwellings

The purpose of the guidebook is to provide the owners and prospective owners of multi-family dwellings information regarding their responsibilities in providing quality, affordable and safe residential housing in Laconia. The Guidebook uses best practices, relevant Codes and Standards, City Ordinances and State law to assist the building owner in complying with the law and in providing proper building maintenance.

Multi-family units range from 1-2 family homes to large apartment/condominium complexes and provide a wide array of building and safety issues that need to be addressed.

This Guidebook will review the major points that must be addressed in order to maintain building safety.

Fire Safety Systems
Means of Egress
Hazardous Conditions
General Building Safety

FIRE SAFETY SYSTEMS:

Fire Alarms

Your building may contain a complete interior fire alarm or may have standard smoke detectors for the living and common areas. State law requires that smoke detectors be provided in all common areas, in each living unit and all sleeping rooms. The law further requires that the detectors be wired directly into the buildings electrical system and be properly maintained.

There should be a detector in all common hallways, staircases and in common rooms such as basements or laundries. Smoke detectors in the individual living units should be located in all sleeping rooms and just outside of the sleeping areas.

In buildings containing full interior fire alarm systems, the smoke detection requirement may be met by that system. Certain buildings in Laconia are required to install a full interior fire alarm. Check with the fire prevention office to see if your building meets this requirement and the type of system that is to be installed.

Full interior fire alarm systems (where installed) must be tested annually by a qualified fire alarm technician and a report forwarded to the Laconia Fire Department for review.

Tampering or Impairment of Fire Alarms:

A person who knowingly tampers with, interferes with or impairs any public fire alarm apparatus, wire or associated equipment is guilty of a Class B felony. *RSA 644:3-a.*

Criminal Mischief:

A person is guilty of criminal mischief who, having no right to do so nor any reasonable basis for belief of having such a right, purposely or recklessly damages property of another. *RSA 634.2 I*

Any person who is found guilty of criminal mischief under this RSA 634:2 (IX) because such person is a tenant, or a guest of a such tenant, in a rental dwelling, who has destroyed, disconnected, or otherwise rendered inoperable any smoke detector in the rental dwelling, or who has attempted the same in a rental dwelling, shall be guilty of a misdemeanor and shall be subject to imprisonment and/or fines. *RSA 651 – Sentencing.*

Fire Sprinkler Systems:

Fire sprinkler systems are required in certain buildings or may be installed as an option by the property owner. Where sprinkler systems are installed, they must be properly maintained and tested annually to ensure their proper operations. A test report should be forwarded to the Laconia Fire Department. In most cases, spare sprinkler heads are required to be available in the event of a head activation.

It should be noted that the installation of sprinkler systems can significantly reduce the fire and smoke loss and the damage from the water release will usually cost less than 10 percent of the fire damage. The Code also allows for significant reductions in other areas where sprinklers are used. Most insurance companies also provide reduced premiums for sprinklered buildings.

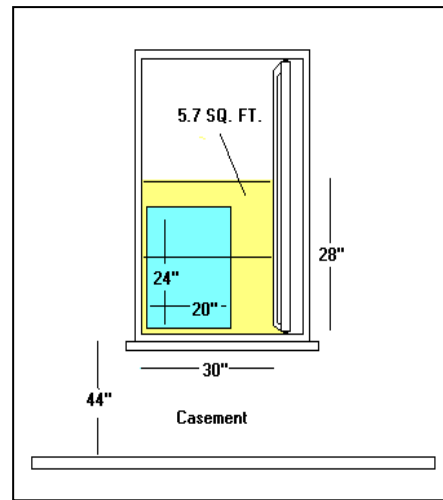
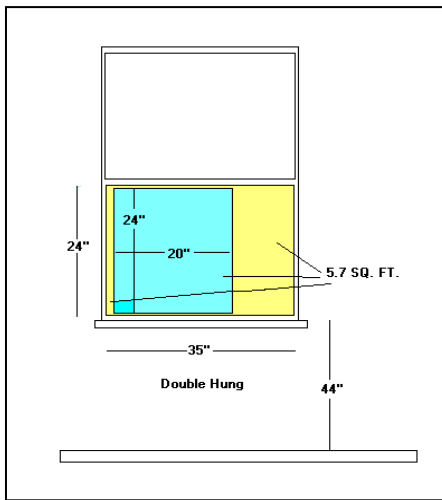
MEANS OF EGRESS:

Exits:

Each apartment building unit must be provided with two (2) separate means of egress (exit).

In certain cases, a single exit from a dwelling unit, meeting the provision of the Code may be compliant. Contact the Laconia Fire Department for additional information.

MEANS OF EGRESS: (continued)



A secondary means of escape must also be provided from each sleeping room. This can be a door leading directly to the outside of the building, provide access through another, unlockable space leading to an exit or be a window which meets certain requirements for size and access. As a general rule, windows used for egress must meet the following conditions:

- Be a minimum of 20-inches wide
- Be a minimum of 24-inches high
- Be no higher than 44-Inches above the finished floor
- Be accessible from the inside without the use of tools or excessive force.
- Have a clear open width of 5.7 Sq. Ft. or meet the minimum waivable dimensions of 20" x 24" for existing windows

Window measurements are taken with the window open to its full extent. In the event the casement window slides into the opening the measurement is taken from the edge of the frame to the edge of the opened window section. Casement windows can be purchased with *egress hardware* to maximize the clear opening of the window.

Additionally, egress windows shall be no more than 20 feet above the exterior grade below the window sill.

In the event they are over 20 feet the window shall open to an exterior balcony or stairs leading to the ground or be accessible by fire department apparatus, including ground ladders which are normally available.

Exits Pathways:

Exit Pathways (corridors) must provide a minimum 30-minute fire separation. Usually interior plaster lath and sheetrock walls, in good condition will provide this separation. Damaged walls may need to be evaluated for compliance to this provision of the Code.

Doors adjoining exit pathways (corridors) must provide a minimum 20-minute fire separation.

Doors leading into the exit pathway (corridor) must be self-closing and latching. Doors or walls with transoms, louvers or transfer grills are not permitted.

Common path of travel (the point leading to where two exit options are available) within apartment buildings should not exceed 35-feet. The travel distance from within a unit to the corridor door should not exceed 75-feet. Dead-end corridors shall not exceed 15-feet.

These distances may be increased with the installation of fire sprinkler systems.

Exit Marking and illumination:

Exits must be clearly marked, accessible and unobstructed. Exits must terminate at the exterior of the building and be provided with an outdoor path leading to a public way. Sufficient illumination must be provided at the floor or path level to assist in evacuation. Automatic, motion sensor type lighting may be used in a means of egress as long as the system is equipped with a fail-safe mechanism. Corridor illumination must be set up where the failure of one lighting unit does not significantly reduce the available lighting.

In buildings of 12 units or more, emergency lighting and illuminated exit signage is required along all egress pathways, unless each unit has a door leading directly to the outside of the building.

Exit signage is required in buildings requiring more than one exit and may be internally or externally illuminated.

HAZARDOUS CONDITIONS:

Separation from Hazards:

Certain rooms within apartment buildings may require a fire-rated separation. These rooms include, but are not limited to:

- Boiler rooms containing a heating plant for multiple units
- Workshops and hazardous storage areas
- Trash collection rooms

Exit Stairways:

Internal exit stairways may be required to be separated from the building by a fire-rated separation depending on the number of floors/units served. An individual building analysis may be required.

GENERAL BUILDING SAFETY:

Electrical Safety:

Electrical panels must be clearly marked and be accessible at all times. Storage within 36" of the front of electrical panels is prohibited.

Extension cords may not be used in place of permanent wiring.

Ground-fault electrical outlets or panels may be required in certain locations under the *National Electrical Code*.

Building lighting fixtures should have the light bulbs protected by a dome cover to prevent accidental electric shock.

Units should have sufficient permanent receptacles to provide safe power connections within the unit.

Junction boxes and panels must have proper covers.

Smoking Safety:

Smoking materials must be properly disposed of. Ashtrays and non-combustible containers are encouraged. Care should be taken when emptying ashtrays or other hot ashes into refuse containers.

GENERAL BUILDING SAFETY: (continued)

Heating Systems:

Keep combustible storage away from heating systems, water heaters or other appliances that produce heat or have open flames.

Check the fuel storage tanks and tubing for leaks or damage. Contact the fire department in the event of a fuel or gas leak within the building.

Heating systems should be inspected on an annual basis to ensure proper performance.

Unvented, fuel-fired heaters are prohibited. Gas heaters are exempted.

Gas or Charcoal Grills:

Gas, charcoal and/or electric grills are prohibited from balconies or within 10 feet of any combustible overhanging part of the building.

Please use the guidebook to assist you in evaluating your property and in educating your residents to the importance of fire and life safety in their building.

A self-inspection form is included in this guidebook for your use.

CITY OF LACONIA

MULTI-FAMILY SELF INSPECTION CHECKLIST

Fire Protection Systems

			Smoke detectors operational and interconnected within the unit (where more than one provided)
			Smoke detectors located within all common areas, within each unit and in all sleeping rooms
			A carbon monoxide detector is present in each unit and in all common areas
			Smoke detectors are powered by the buildings electrical system
			CO detectors powered by building electrical system (hard-wired or plug-in units)
			Fire alarm tested within past 12-months - test report provided (where applicable)
			Sprinkler system tested within the past 12-months - test report provided (where applicable)
			Fire alarm and/or sprinkler system free of defects or impediments (where provided)

Exits and Emergency Lighting

			Exit corridors and doors are properly illuminated, visible and unobstructed
			Two exits provided from each unit, exits may not pass through other lockable portions of the building
			A secondary means of escape is provided from all sleeping rooms and living spaces
			*Windows are a minimum of 20" wide, 24" high, less than 44" above the floor and 5.7 sq. ft. clear opening
			Handrails and guards are provided for stairs and decks over 3 feet above grade
			Egress windows require no special knowledge and operate freely
			Emergency lighting and/or exit signage is provided and operational (where applicable)
			Travel distance to an exit access if not mote than 75 feet
			Exit corridors provide a minimum of 30-minute fire barrier (wall boards or plaster/lath in good condition
			Doors in exit corridors are self-closing and latching - Doors held open by fire alarm system close upon activation
			Doors in exit corridors provide a minimum 20-minute fire barrier
			No transoms, door or wall louvers or transfer grills are present

Electrical

			Extension cords are not used in place of permanent wiring, sufficient outlets are provided.
			There are no exposed wires and all junction points and electrical panels have proper covers
			Electrical system is properly installed and all electrical control boxes properly marked

General Requirements

			No excess storage of combustible materials noted in or around building or within 3 feet of the furnace
			No storage is located in exit stairways or corridors
			No gas, charcoal or electric grills located on decks or within 10 feet of a combustible wall
			Hazardous areas: furnace rooms (serving >1 unit), shops, storage areas are separated by a fire barrier
			No unvented, fuel-fired heaters are present (gas appliances are exempt)
			Heating system is properly maintained and inspected
			Only proper alternative heat sources are used
			Smoking materials properly disposed of
			Residents are provided information of fire signals, evacuation procedures and practice evacuation drills
			Walls and ceilings are free of substantial holes that reduce their function
			There are no detectable gas leaks

Comments

* Existing windows may not be required to meeting the 5.9 sq. ft. requirement where the other conditions exist.