

**TOWN OF BAR HARBOR**  
**Long-Term Rental Registration Task Force**

**Agenda**

May 28, 2024 – 5:00 PM

Auditorium – Third Floor, Municipal Building

- I. Call to Order**
- II. Approval of Minutes**  
April 22, 2024
- III. Discuss an inspection recommendation**
- IV. Next steps**
- V. Public Comment Period**
- VI. Items for the next Agenda**
- VII. Adjournment**

**Minutes**  
**Bar Harbor Long-Term Rental Registration Task Force**  
**Monday, April 22, 2024**  
**Auditorium – Third Floor, Municipal Building**  
**4:00 P.M.**

**I. Call to Order**

The meeting was called to order at 4:02 PM. Members present: Michele Gagnon, Planning Director; Todd Hardy, Chair and landlord representative; Erica Brooks, landlord representative; Joe Minutolo, Town Council representative; Angela Chamberlain, Code Enforcement Officer; Jennifer Richardson, resident at large; Amber Howard, tenant representative; and John Mountford, Ellsworth and MDI Housing Authorities representative arriving at 4:05 PM.

Heidi Hambrecht, tenant representative, Matthew Bartlett, Fire Chief, and Philip Galperin, resident at large, were all absent.

Also present: Cali Martinez, Housing and Community Planner; and Shawn Farrar, Bar Harbor Story.

**II. Approval of Minutes**

February 28, 2024

Ms. Brooks moved to approve the minutes as prepared. Ms. Chamberlain seconded the motion and the task force voted 7-0 to approve the motion.

**III. 2022 Final Report & Polco Results**

Ms. Chamberlain explained that she added the 2022 Final Report and Polco survey results to the packet to help the Task Force remember the goals and purpose of the Task Force, particularly when discussing the inspection recommendation. Mr. Hardy mentioned that he was surprised at the number of negative comments in the comment section of the survey. He added that he thought the Task Force had discussed and came to a consensus that the problems and issues with Long-Term rentals was not typically couples and families, but what most people perceived as housing for employees.

**IV. Review notification postcard**

There were no new comments.

**V. Discuss an inspection recommendation**

Mr. Mountford explained that in his experience, there were tenants that didn't welcome having an inspection but it can be a benefit to the landlord for a regular inspection process which could uncover issues that are tenant caused.

The Task Force discussed how an order of priority for inspections could be determined. Ms. Chamberlain offered that she had been working on a weighted risk score method to prioritize those units

which may be at greater risk based on factors such, age of the building, the absence of smoke and Co2 detectors, proximity of the landlord, the number of EMS/Fire calls to that residence, and the presence of sprinkler systems.

Mr. Mountford suggested that an inspection process is not used to enforce the minimum building standards for dwellings but to confirm the presence of operable life safety devices like smoke and Co2 detectors. The group agreed that the inspection focus should be very narrow.

The Task Force discussed particular inspection related items and what should happen if something serious is noted during an inspection. Mr. Mountford noted that he was concerned with displacing tenants to which Ms. Chamberlain agreed and said that was not the intent of the program and was to be a last resort measure. Ms. Gagnon asked the group if they wanted to consider that if someone is living in an unhealthy or unsafe living situation, is that housing that the type of housing that the town is trying to preserve.

Ms. Brooks added that it was important to her that the group establish what the minimum inspection standards would be.

Ms. Chamberlain offered to bring additional information to the next meeting with inspection criteria that the group could review together and determine what inspection components are necessary for a limited inspection process.

#### **VI. Next steps**

The Task Force will review possible inspection standards.

#### **VII. Public Comment Period**

There was none.

#### **VIII. Items for the next Agenda**

Continue discussing an inspection recommendation.

#### **IX. Adjournment**

The Chair adjourned the meeting at 5:16 PM.

**Minutes approved by the LTR Registration Task Force on May 28, 2024.**

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**Todd Hardy, Chair**  
**Long-Term Rental Registration Task Force**

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**Date**

### **1. Recommend/Do Not Recommend**

An inspection component should/should not be added to the program to partially meet the goal of ensuring that all rental units in the Town of Bar Harbor are maintained in a safe and sanitary condition and do not create a nuisance or derelict condition to the surroundings.

### **2. Recommend/Do Not Recommend**

An inspection of all LTR units should be conducted on a \_\_\_\_\_ basis.

### **3. Recommend/Do Not Recommend**

The LTR safety inspection will be limited to the following three areas:

1. The presence of operable smoke and CO2 detectors.
2. Safe and effective egress.
3. Adequate E911 addressing signage at the property.

### **4. Recommend/Do Not Recommend**

Inspections shall be organized using a weighted risk score model. The higher the score, the greater the priority and placement on the inspection list will be organized by the score.

### **5. Recommend/Do Not Recommend**

The Inspection component of the program should be revisited after a \_\_\_\_\_ year period to assess its adequacy in continuing to meet the goals of the program and for staff to recommend modifications.

## OTHER ROOMS USED FOR LIVING AND HALLS

For each numbered item, check one box only

**Room Location:**

\_\_\_\_\_ right/left/center: The room is situated to the right, left, or center of the unit.

\_\_\_\_\_ front/rear/center: The room is situated to the right, left, center of the unit.

\_\_\_\_\_ floor level: The floor level on which the room is located.

**Room Code(s):** \_\_\_\_\_

- 1 = Bedroom or any other room used for sleeping (regardless of type of room).  
Additional Bedrooms use 1a, 1b, 1c, etc.
- 2 = Dining room or dining area.
- 3 = Second livingroom, family room, den, playroom, TV room, or computer room.
- 4 = Entrance halls, corridors, halls, staircases.
- 5 = Additional bathrooms (also check presence of sink trap and clogged toilet).
- 6 = Other.

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Electricity/Illumination</b> If Room Code is 1, are there at least 2 working outlets or 1 permanently installed light fixture? If Room Code is not a 1, is there a means of illumination?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Electrical Hazards</b> Is the room free from electrical hazards? Extension cords?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Security</b> Are all windows and doors that are accessible from the outside lockable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Window Condition</b> If Room Code is 1, is there at least 1 window and is it an egress window? And regardless of Room Code, are all free of signs of severe deterioration or missing or broken out panes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Ceiling Condition</b> Is the ceiling sound and free from hazardous defects or leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>6. Wall Condition</b> Are the walls sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Floor Condition</b> Is the floor sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Lead-based Paint</b> Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>9. Smoke Detectors</b> Is there a working smoke detector on each level? Is there a smoke detector in each bedroom? Do the smoke detectors meet the requirements of NFPA 74?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>10. Common Areas or Hallways</b> Is common area or hallways walls fire rated? Is common area or hallway free of obstacles?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report**

### ALL SECONDARY ROOMS

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
1. None <input type="checkbox"/> Go to Building Exterior			
<b>2. Electrical Hazards</b> Are all rooms free from electrical hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Security</b> Are all windows and doors that are accessible from the outside lockable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Other Potentially Hazardous Features?</b> Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report**

**GENERAL HEALTH AND SAFETY**  
For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Access to Unit</b> Can the unit be entered without having to go through another unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Exits</b> Is there an acceptable fire exit from this building that is not blocked?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Evidence of Infestation</b> Is the unit free from rats or severe infestation by mice or vermin?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Garbage and Debris</b> Is the unit free from heavy accumulation of garbage or debris inside or outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Refuse Disposal</b> Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Interior Stairs and Common Halls</b> Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Other Interior Hazards</b> Is the unit free from any other hazard not specifically identified previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Interior Air Quality</b> Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report**

## LIVING ROOM

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Living Room Present</b> Is there a Living Room:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Electricity</b> Are there at least 2 working outlets or 1 working outlet & 1 working light.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Electrical Hazards</b> Is the room free from electrical hazards? Extension cords?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Security</b> Are all windows and doors that are accessible from the outside lockable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Window Condition</b> Is there at least 1 window, and are all windows free of signs of severe deterioration or missing or broken out panes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Ceiling Condition</b> Is the ceiling sound and free from hazardous defects? Mold & mildew?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Wall Condition</b> Are the walls sound and free from hazardous defects? Mold & mildew?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Floor Condition</b> Is the floor sound and free from hazardous defects? Mold & mildew?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>9. Lead-based Paint</b> Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>10. Exposed Insulation</b> Is there any exposed insulation in walls or ceiling?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>11. Evidence of Leaks</b> Is there any evidence of leaks in ceilings or basement walls? Is there standing water in basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>12. Smoke &amp; Carbon Detectors</b> Are there working smoke detectors present?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report.**

### KITCHEN

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Kitchen Area Present</b> Is there a kitchen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Electricity</b> Are there at least 1 working outlets and 1 working, permanently installed light fixture?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Electrical Hazards</b> Is the room free from electrical hazards? Extension cords?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. GFI's within 6' of water source</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Security</b> Are all windows and doors that are accessible from the outside lockable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Window Condition</b> Are all windows free of signs of severe deterioration or missing or broken out panes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Wall Condition</b> Are the walls sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>9. Floor Condition</b> Is the floor sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>10. Lead-based Paint</b> Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

### KITCHEN – CONT.

For each numbered item, check one box only

<p><b>11. Stove with Oven</b> Is there a working oven, and a stove with top burners that work? If no oven and stove are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwaves instead of an oven and stove?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>12. Refrigerator</b> Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>13. Sink</b> Is there a kitchen sink that works with hot and cold running water? Are the faucets leaking? Is the sink leaking? Proper traps?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p><b>14. Space for storage, preparation and serving of food</b> Is there space to store, prepare and serve food?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report.**

## BATHROOM

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Bathroom Area Present</b> Is there a kitchen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Electricity</b> Is there at least 1 permanently installed light fixture?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Electrical Hazards</b> Is the room free from electrical hazards? Extension cords?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. GFI's within 6' of water source</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Security</b> Are all windows and doors that are accessible from the outside lockable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Window Condition</b> Are all windows free of signs of severe deterioration or missing or broken out panes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>7. Ceiling Condition</b> Is the ceiling sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>8. Wall Condition</b> Are the walls sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>9. Floor Condition</b> Is the floor sound and free from hazardous defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>10. Lead-based Paint</b> Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>11. Toilet in Enclosed Room in Unit.</b> Is there a working toilet in the unit for the exclusive private use of the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>12. Fixed Sink in Unit.</b> Is there a working, permanently installed sink with hot & cold running water in the unit? Is there any leaks? Is there a trap? Is there a seal around sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**BATHROOM CONT.**

For each numbered item, check one box only

<b>13. Tub or Shower</b> Is there a working tub or shower with hot & cold running water in the unit? Is there a seal around tub or shower?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>14. Ventilation</b> Are there openable windows or a working vent system?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report.**

## BUILDING EXTERIOR

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Condition of Foundation</b> Is the foundation sound and free from hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>2. Condition of Stair(s), Rail(s), Deck(s), and Porches</b> Are all the exterior stair(s), rail(s), deck(s), and porches sound and free from hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Condition of Roof and Gutters</b> Are the roof, gutters and downspouts sound and free from hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Condition of Exterior Surfaces</b> Are exterior surfaces sound and free from hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Condition of Chimney</b> Is the chimney sound and free from hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Lead-based Paint</b> Are all painted surfaces free of deteriorated paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>7. Mobile Home</b> If the unit is a mobile home, is it properly placed and tied down?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report**

## HEATING AND PLUMBING

For each numbered item, check one box only

Item # Description	Decision: Passed/Fail	If Failed, what repairs are necessary?	If Failed Date of Final Approval
<b>1. Adequacy of Heating Equipment</b> Is the eating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Minimum of 68 Degrees		
<b>2. Safety of Heating Equipment</b> Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. Ventilation and Adequacy of Cooling</b> Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>4. Water Heater</b> Is the water heater located, equipped, and installed in a safe manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>5. Water Supply</b> Is the unit served by an approvable public or private sanitary water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>6. Plumbing</b> Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
<b>7. Sewer Connection</b> Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

**Additional Comments: (Give Item #) If on another sheet, please put sheet with this report**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Address						Parcel ID									
2																
3																
4	Age of Dwelling				10 years old or less		Between 11-20 years old			Between 21-30 years old			31+ years old		Totals	
5					0		1			2					3	0
6	Smoke Detection Present				No		Interconnected & Battery back-up			Battery Only			Don't know		0	
7					5		0			2					5	0
8	CO2 Detection Present				No		Yes			Don't know					0	
9					5		0			5						0
10	Owner Onsite				Yes		No								1	
11					0		1									1
12	Protected by Sprinkler System				Yes		No								3	
13					0		3									3
14	Monitored Alarm System				Yes		No								1	
15					0		1									1
16	Number of Complaints				Total										0	
17					0											0
18	Number of EMS/Fire Calls				Total										0	
19					0											0
20													Score			