



## Short Term Rental (STR) Self-Compliance Affidavit

I/We, being of lawful age and being first duly sworn under oath, state the following:

|  |   |
|--|---|
| <b>STR Property Address:</b> _____                 | <b>Unit #:</b> _____                                |
| <b>Name of Building (if applicable):</b> _____     |   |
| <b>Owner’s Name(s) or Name of Ownership:</b> _____ |   |
| <b>Total Bedrooms/Sleeping Rooms:</b> _____        | <b>Total Pillows (Head Count) Advertised:</b> _____ |

*All statements listed below must be initialed. Failure to initial any statement will delay your license issuance. Please put N/A if an item does not apply to your unit.*

### Life Safety and Town Code Compliance

\_\_\_\_\_ I have code compliant functioning emergency escape and rescue openings in all bedrooms/sleeping rooms, and all stairs that access my bedrooms/sleeping rooms have code compliant egress stairways.

\_\_\_\_\_ Flights of stairs with four or more risers have a handrail. The open portion of a stair, landing, balcony, deck, or other walking surface that is more than 30” above the floor or grade below has guards (rails).

\_\_\_\_\_ Emergency escape and rescue openings, including window wells, allow proper emergency escape and shall be maintained to be free of snow and useable throughout the winter. If a windowsill is less than 24” above the floor and greater than 6’ above the exterior surface, window fall protection is provided.

\_\_\_\_\_ An opening (door) between the garage and residence shall be equipped with a self-closing device.

\_\_\_\_\_ My street address sign identification is visible and legible from the roadway year-round for emergency services to locate my property.

\_\_\_\_\_ Working Smoke detectors are installed, in each sleeping room, within 15’ outside of each sleeping area, and on each level of a living area. Smoke detectors are less than 10 years old.

\_\_\_\_\_ Working Carbon Monoxide (CO) detectors are required if there is a fuel-fired appliance or an attached garage. They are installed, within 15’ outside of each sleeping area; at a minimum of 1 CO detector per floor; and within any sleeping rooms that have a fireplace/fuel-fired appliance. Carbon Monoxide detectors required within mechanical rooms. CO detectors are less than 10 years old.

\_\_\_\_\_ A 2.5lb. dry chemical (ABC) fire extinguisher is in each kitchen. A minimum of a 2.5lb. dry chemical (ABC) fire extinguisher is also located near the entry door if the kitchen extinguisher is more than 30ft from the entry door. If the extinguisher is in a cabinet or not visible, a “Fire Extinguisher” sign is posted. If in a visible location, it is mounted to the wall.

\_\_\_\_\_ If my fire extinguishers' manufacturing date is older than 1 year, they have current certification tags, or a new one has been purchased. They were purchased/inspected on \_\_\_\_\_ / \_\_\_\_\_.

\_\_\_\_\_ Wood burning fireplaces, stoves and flues are properly maintained and professionally cleaned and inspected annually. The most recent cleaning/inspection occurred on \_\_\_\_\_ / \_\_\_\_\_. **Annual fireplace inspection report is required** (if you do not have a wood burning fireplace, write N/A).

\_\_\_\_\_ I do not have an open flame cooking device (i.e. grill) or outdoor gas-fired heating appliance on my combustible (i.e. wood) deck or within 10' of combustible construction (i.e. wood deck/house), OR, I meet one of these exceptions: 1. Single-Family Home or Duplex, 2. The deck is protected with an automatic fire sprinkler system, 3. I use a LP-gas container no greater than nominal 1 pound capacity.

\_\_\_\_\_ Electrical Panels in my STR are accessible, are clearly labeled, and maintains 3' of clearance.

\_\_\_\_\_ Exhaust Systems: Bathrooms equipped with exhaust fans to the outdoors are operational and functional. Clothes dryers ventilate to the outside, with an exception for ductless clothes dryers.

\_\_\_\_\_ I understand that additional modifications may be required to allow for safe occupancy at my property i.e., fire extinguishers, street addresses, handrails, or other life/safety equipment. If I am not sure that I comply with safety provisions of this affidavit, I have contacted the Inspector regarding a **waiver**.

## Licensing Requirements

\_\_\_\_\_ I have provided written approval from my HOA for the permitted use of my property as an STR. An HOA approved parking plan is provided stating the number of available/assigned parking spaces and their locations (i.e., marked on map image).

\_\_\_\_\_ Parking Plan: I advertise a total number of \_\_\_\_\_ useable parking spaces located on my property. \_\_\_\_\_ (#) are covered spaces (i.e., garage/carport), and \_\_\_\_\_ (#) are uncovered spaces. I do not advertise more parking spaces than what the HOA has permitted (if applicable).

\_\_\_\_\_ I will always have the required and current documents on-site:

- STR license is posted near the front door
- The following documents are accessible for guests (i.e., welcome binder):
  - self-compliance affidavit
  - good neighbor policy
  - parking plan
  - trash information – includes location and disposal instructions

\_\_\_\_\_ I will always have the required information on all my online property advertisements:

- STR license number
- The number of designated useable parking spaces- this shall be consistent with is declared on the affidavit and the HOA has approved (if applicable)
- Advertised sleeping capacity – this shall be consistent with what is declared on this affidavit and the pillow tax fee paid to the Town.
- The following statement: For emergency contact/local representative contact information, refer to the Town of Mt. CB website, and navigate to the Short-Term Rental page.

\_\_\_\_\_ My Local Representative or property management company is \_\_\_\_\_.

If my local representative or property management company changes, I will notify the Town within 10 days and submit a new local representative form and their driver's license.

\_\_\_\_\_ I understand my STR shall pass an *inspection*. Prior to any change in sleeping areas or pillow count, a new inspection that I schedule is required and additional pillow tax must be paid to the Town. I understand that additional inspections to my STR may be done at random.

\_\_\_\_\_ My unit is insured for use as a short-term rental property.

\_\_\_\_\_ I have read the STR Ordinance and STR Guide and understand the rules and regulations, and that my license can be revoked and/or fine may be issued if I do not follow the ordinance.

\_\_\_\_\_  
Owner Signature

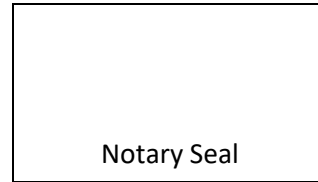
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Subscribed and affirmed before me in the county of \_\_\_\_\_,

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's official signature)



\_\_\_\_\_  
(Commission Expiration)