



Short Term Rental (STR) Self-Compliance Affidavit

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

STR Property Address: _____ Unit #: _____
Name of Building (if applicable): _____
Owner's Name(s) or Name of Ownership: _____
Total Bedrooms/Sleeping Rooms: _____ Total Occupants Advertised: _____

Initial every clause, acknowledging compliance with these terms. This form will not be accepted with X or check marks.

Life Safety and Town Code Compliance

_____ I have code compliant functioning Emergency Escape and Rescue Openings in all bedrooms/sleeping rooms. All stairs that access my bedrooms/sleeping rooms have code compliant egress stairways.

_____ 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 inches above the floor and greater than 6 feet above the exterior surface, window fall protection is provided which limits the window to a 4-inch opening. When fall protection is installed on a window that serves as the Emergency Escape and Rescue Opening, there is a release mechanism that allows the window to fully open in case of emergency.

_____ Flights of stairs with four or more risers have a code compliant handrail.

_____ The open portion of a stair, landing, balcony, deck, or other walking surface that is more than 30 inches above the floor or grade below has guards (rails) spaced no more than 4 inches apart.

_____ An opening (door) between the garage and residence is equipped with a self-closing device. The door fully closes on its own and latches shut.

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

_____ Working Smoke Detectors that are recommended for use at high altitude are installed in each sleeping room; centrally located in the hallway giving access to each sleeping area; and on each level of a living area. Smoke detectors are less than 10 years old. All smoke detectors shall be hardwired and interconnected unless a hardwiring system is not already in place.

_____ Working Carbon Monoxide (CO) Detectors are installed if there is a fuel-fired appliance, gas or wood fireplace, or an attached garage. They are installed outside of each sleeping area in the immediate vicinity of the bedrooms; at a minimum of one CO detector per floor; and within any sleeping rooms that have a gas or wood fireplace or fuel-fired appliance. Carbon Monoxide detectors are installed within mechanical rooms that have a fuel fired appliance. CO detectors are less than 10 years old.

_____ A 2.5lb. dry chemical (ABC) Fire Extinguisher is in each kitchen. Another 2.5lb. dry chemical (ABC) fire extinguisher is also located near the entry door if the kitchen extinguisher is more than 30 feet from the entry door or if the kitchen is on a separate level 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 one year, they have current re-certification tags, or a new one has been purchased. They were purchased/inspected on _____(month) / _____(year).

_____ Wood burning fireplaces, stoves and flues are properly maintained and professionally cleaned and inspected annually. The most recent cleaning/inspection occurred on _____(month) / _____(year). (Annual fireplace inspection report may be requested by Town staff at any point in time to verify safety for use. **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 feet of combustible construction (i.e. wood deck/house), OR, I meet one of these exceptions: Single-Family Home or Duplex; the deck is protected with an automatic fire sprinkler system; the residence uses a LP-gas container no greater than nominal one pound capacity.

_____ Electrical Panels in my STR are accessible, are clearly labeled, and maintain 3 feet of clearance.

_____ Exhaust Systems: Bathrooms are equipped with exhaust fans to the outdoors that 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.

Licensing Requirements

_____ The use of my STR is in compliance with all the rules and regulations adopted by my HOA (if applicable).

_____ 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. An HOA approved parking plan is provided confirming the number of available/assigned parking spaces for my property (if applicable). I do not advertise more parking spaces than what the HOA has permitted (if applicable) or what my approved parking plan states.

_____ 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):
 - Current self-compliance affidavit
 - Good neighbor policy
 - Parking plan
 - Trash information – includes location of trash receptacles, disposal instructions, and use of bear proof containers (if applicable).

_____ I will always have the required information on all my online property advertisements. This information is viewable on the listing prior to booking:

- STR license number.
- The number of designated usable parking spaces- this shall be consistent with my approved parking plan, what is declared on this affidavit, and what the HOA has approved (if applicable).

- Advertised sleeping capacity – this shall be consistent with what is declared in this affidavit and the occupant fee paid to the Town.
- Reference to Town website for Local Representative contact information. Sample 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 authorization form and a copy their driver’s license. My Local Representative will be available 24/7 while guests are in-house to address an emergency or guest caused issue. My Local Representative will address any guest issues within 45 minutes after receiving a complaint.

_____ I understand my STR shall pass an inspection. Prior to any change in sleeping areas or occupancy, a new inspection that I schedule is required and an additional occupant fee 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 will remit all lodging taxes to the Town of Mt. Crested Butte and State of Colorado. I understand the [lodging tax collection policies](#).

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

I SWEAR OR AFFIRM THAT ALL OF THE STATEMENTS MADE ABOVE ARE TRUE TO THE BEST OF MY INFORMATION AND BELIEF

Owner Signature

Printed Name

Date