

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

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

	roperty Address: 18 Snowmass Road, Mt. Crested Butte, CO 81225 Unit #: 204				
Name	of Building (if applicable): Gateway Condominiums				
Owne	r's Name(s) or Name of Ownership: Paul A. Pittman and Julie J. Levenson				
Total I	Bedrooms/Sleeping Rooms: 2 Total Pillows (Head Count) Advertised: 5				
	tements listed below must be initialed. Failure to initial any statement will delay your license ce. Please put N/A if an item does not apply to your unit.				
Life Sa	fety and Town Code Compliance				
PAP	_ I have code compliant functioning <u>emergency escape and rescue openings</u> in all bedrooms/sleeping rooms, and all stairs that access my bedrooms/sleeping rooms have code compliant egress stairways.				
PAP	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 ha guards (rails).				
PAP	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.				
PAP	An opening (door) between the garage and residence shall be equipped with a self-closing device.				
PAP	My street address sign identification is visible and legible from the roadway year-round for emergency services to locate my property.				
PAP	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.				
PAP	Working <u>Carbon Monoxide (CO) detectors</u> 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.				



PAP

Carbon Monoxide detectors required within mechanical rooms. CO detectors are less than 10 years old.

	years old.
PAP	A 2.5lb. dry chemical (ABC) <u>fire extinguisher</u> 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.
PAP	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 <a href="mailto:Januray">Januray</a> / <a href="mailto:2023">2023</a> .
N/A	Wood burning fireplaces, stoves and flues are properly maintained and professionally cleaned and inspected annually. The most recent cleaning/inspection occurred on $\frac{n/a}{}$ / $\frac{n/a}{}$ . Annual fireplace inspection report is required (if you do not have a wood burning fireplace, write N/A).
PAP	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.
PAP	Electrical Panels in my STR are accessible, are clearly labeled, and maintains 3' of clearance.
PAP	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.
PAP	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.
Licensir	ng Requirements
PAP	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).

advertise more parking spaces than what the HOA has permitted (if applicable).

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

Parking Plan: I advertise a total number of 1 useable parking spaces located on my property.

1 (#) are covered spaces (i.e., garage/carport), and (#) are uncovered spaces. I do not



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

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

STR license number

(Notary's official signature)

(Commission Expiration)

5/17/2026

- 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.
- 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 nage "

	and havigate to the short-ren	m Kentai page.					
PAP	My Local Representative or property management company is: AIR MGMT (Heather Thiess)  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.						
PAP	I understand my STR shall pass an <i>inspection</i> . 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.						
PAP	My unit is insured for use as a short-term rental property.						
PAP 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.							
10%	ex Alphae	Paul A. Pittman		1/25/2023			
Owne	r Signature	<b>Printed Name</b>		Date			
	ribed and affirmed before me in this 25 ry, 2023	n the county of <u>Denver</u> day of		PRESTON SCHOW NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20184021002 MY COMMISSION EXPIRES 05/17			

05/17/2026

**Notary Seal**