



CHAFFEE COUNTY

DEVELOPMENT SERVICES DEPARTMENT

104 Crestone Ave., Room 125
P.O. Box 699
Salida, Colorado 81201
(719) 539-2124 FAX: (719) 530-9208
bdepartment@chaffeecounty.org

BEDROOM DISCLOSURE

I/We, the undersigned, have submitted to the Chaffee County Development Services Department a floor plan for a residence with _____ (number of) bedrooms. These bedrooms are the only rooms used for sleeping purposes. I fully understand that there are certain life safety and septic system requirements (*Chaffee County Onsite Wastewater Treatment System Regulations effective July 1, 2014*) for each separate room used for sleeping purposes. I therefore agree to use only the number of rooms referred to above for sleeping rooms and furthermore agree not to market or represent this dwelling for other than the maximum listed.

ADDRESS OF DWELLING _____

LEGAL DESCRIPTION: _____

ALL OWNERS MUST SIGN:

PRINTED NAME

PRINTED NAME

SIGNATURE

SIGNATURE

DATE

DATE

This document will be filed at the Chaffee County Clerk and Recorder's Office to be of record during a Title search on the above named property. A nominal fee is assessed by the County Clerk's Office. Please make checks payable to "Chaffee County Clerk & Recorder".

Recording Fee:\$ _____ Date: _____ Payment Method: Check# /Cash