

Edarp File No. _____ Building Permit No. _____

**AFFIDAVIT OF COMPLIANCE WITH APPENDIX E, WILDFIRE RESILIENCY REQUIREMENTS,
OF THE EL PASO COUNTY LAND DEVELOPMENT CODE**

*****Applicable only to areas of unincorporated El Paso County that are outside the boundaries
of a Fire Protection District**

Property Owner(s) Name: _____

Subject Property Address: _____

I, _____ swear or affirm under penalty of
perjury as follows:

- The Subject Property is located within a Wildland Urban Interface area as determined by the State 2025 Colorado Wildfire Resiliency Code Map ("Map").
- The Subject Property is (check the applicable box):
 - ☐ Low Fire Intensity Classification and subject to Class I requirements
 - ☐ Moderate or High Fire Intensity Classification and is subject to Class I and Class II requirements
- The proposed structure(s) and site area comply or will comply when built/installed with Appendix E of the Land Development Code for Structure Hardening and Site and Area Requirements.
- A completed affidavit is required prior to the approval of any building permit and/or site plan.
- I am responsible for continual compliance with Appendix E on the subject property as long as it is under my ownership.
- The requirements and compliance of Appendix E apply to the property in perpetuity except in the event the Subject Property is no longer located within a wildland urban interface area as determined by the Map.

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☐ By signing this affidavit, I certify that the structure(s) associated with the File and Permit Nos. listed above will be built and maintained in compliance with the Structure Hardening Requirements and the Subject Property meets or will meets and will be maintained in accordance with the Site and Areas Requirements of Appendix E of the El Paso County Land Development Code.

OWNER

Owner Signature: _____

Owner Printed Name: _____

State of Colorado

County of El Paso

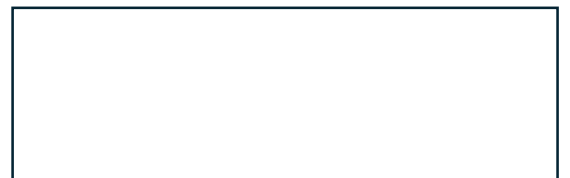
Signed and acknowledged before me on _____, 20____ by:

(name of individual making statement)

(Notary's Official Signature)

(Title of Office)

(Commission Expiration)



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Owner Signature: _____

Owner Printed Name: _____

State of Colorado

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