



Incorporated Village of Malverne
BUILDING DEPARTMENT

99 Church Street, Malverne New York 11565-1726
Phone: (516) 599-1200 • Fax: (516) 823-0767

RESIDENTIAL SMOKE DETECTOR &
CARBON MONOXIDE AFFIDAVIT

State of New York

Building Permit # _____

ss:

County of Nassau

Plumbing Permit # _____

I _____ am the owner of real property located at:

_____ Malverne, New York.

I hereby attest the premises is a one or two family dwelling and affirm that in accordance with the provisions of Section R314.2 of the 2015 New York State Residential Code smoke detectors have been installed, maintained, and are in operable condition in the dwelling as noted below.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. In each room used for sleeping purposes.
3. In each additional story within the dwelling unit, including basements and habitable attics, while excluding crawl spaces, and uninhabitable attics.
4. Interconnection of all smoke alarms shall be mandatory when interior wall and ceiling finishes are removed to expose the structure and or there is an attic, crawl space, or basement available that could provide access for interconnection. Approved wireless units are also acceptable.

I hereby attest that in accordance with the provisions of Section R315.2 of the 2015 New York State Residential Code carbon monoxide detectors have been installed, maintained, and are in operable condition in the dwelling where a carbon monoxide source exists as noted below. Sources include but are not limited to gas or oil fired boilers, furnaces, and water heaters, wood or gas fireplaces, wood or coal stoves, and attached garages.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. If there is a carbon monoxide source in the bedroom or an attached bathroom there shall be one located in the bedroom.
3. Approved combination smoke alarms / carbon monoxide detectors are acceptable.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF NY STATE

Dated: _____

Signature _____

Sworn to before me this _____ day of _____ 20

Owner - Print Name

Notary