

Town Mawakating Co

STATE OF NEW YORK  
AFFIDAVIT OF COMPLIANCE FOR CARBON MONOXIDE ALARM  
INSTALLATION IN ONE AND TWO FAMILY DWELLINGS

State of New York )  
County of \_\_\_\_\_ )  
SS:

I (We), \_\_\_\_\_ being duly sworn deposes and say:

I(We) are the transferor(s) of the property described herein, and attest that the property at the time of transfer has Carbon Monoxide Alarm(s) installed in conformance with Title: 19NYCRR 1225.2 Reference: Fire Code of New York State.

1) At least one Carbon Monoxide Alarm has been installed. The required Carbon Monoxide Alarm(s) is installed in the immediate vicinity of bedroom(s) on the lowest floor level of the dwelling unit containing bedroom(s).

2) The property is a (one) or (two) family dwelling as per The Residential Code of New York.

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

STATE OF NEW YORK  
AFFIDAVIT OF COMPLIANCE FOR SMOKE ALARM INSTALLATION  
IN ONE AND TWO FAMILY DWELLINGS

State of New York )  
                          ) SS:  
County of \_\_\_\_\_ )

I (We), \_\_\_\_\_ being duly sworn deposes and say:

I (We) are the transferor(s) of the property described herein, and attest that the property at the time of transfer has Smoke Detectors installed in conformance with Title: 19NYCRR 1226.1 Reference: Property Maintenance Code of New York State (PMCNY) Section: 704.2

- 1) Smoke Detectors have been installed in each room used for sleeping purposes.
- 2) On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.
- 3) In each story within a dwelling unit, including basements and cellars but not including crawl spaces and inhabitable attics.
- 4) The property is a (one) or (two) family dwelling as per the Residential Code of New York

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public