

# VILLAGE OF WASHINGTONVILLE

## INSPECTION AUTHORIZATION

DATE: \_\_\_\_\_

RECORD OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TAX MAP DESIGNATION (S/B/L): \_\_\_\_\_

TITLE #: \_\_\_\_\_

COMPANY REQUESTING INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that I, \_\_\_\_\_, give permission to have the Inspector from the Village of Washingtonville come onto said parcel to do an inspection for title work that was ordered. In this I will allow the inspector to enter my home with said owner's assistance and walk the property if needed without owner being at home.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

*This letter must accompany the order for Municipal searches.*

**\*\* NOTE: If an appointment is needed to enter the home the inspector will call the home owner.**

**STATE OF NEW YORK**  
**AFFIDAVIT OF COMPLIANCE: SMOKE ALARM & CARBON MONOXIDE DETECTOR**  
**INSTALLATION IN ONE AND TWO FAMILY HOMES**

STATE of NEW YORK  
COUNTY of ORANGE:

I/We, the undersigned, being duly sworn, depose and say:

I/We are the owners/grantors of a (one) (two) family dwelling located at:

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

Section: \_\_\_\_\_

Block: \_\_\_\_\_

Lot: \_\_\_\_\_

The premises described above is classified as a residential occupancy in accordance with the current version of the New York State Uniform Fire Prevention and Building Code.

I/We hereby attest and affirm that, in accordance with the requirements of the New York State Fire Code, a carbon monoxide detector has been installed on the lowest level of the dwelling containing any sleeping areas. In any one or two family dwellings using a gas, wood or fuel oil heating system or appliances or which has an attached garage, there shall be installed at least one carbon monoxide detector adjacent to sleeping spaces on each floor level of the dwelling. AND -

I/We hereby attest and affirm that, in accordance with the requirements of the New York State Property Maintenance Code, smoke detectors have been installed in all of the following locations and that such devices are in good working order:

1. On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.
2. In each room used for sleeping purposes.
3. In each story within (all) dwelling unit(s), including basements and cellars but not including crawl spaces and uninhabitable attics.

This affidavit is submitted in accordance with the New York State Uniform Fire Prevention and Building Code for the purpose of inducing the Building Department of the Village of Washingtonville to issue a Certificate of Occupancy or letter stating there are no violations of record.

We make this affidavit with full knowledge of the act that offering a false instrument for filing is a violation of the New York State Penal Law which is classified as either a Class A misdemeanor or a Class E felony, depending on the circumstances.

Dated: \_\_\_\_\_

Transferor

Name (Print) \_\_\_\_\_

Dated: \_\_\_\_\_

Transferor

Name (Print) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_