

STATE OF NEW YORK )  
COUNTY OF ROCKLAND )

AFFIDAVIT OF COMPLIANCE OF SMOKE ALARM AND CARBON MONOXIDE  
ALARM INSTALLATION

- **IN ACCORDANCE WITH INTERNATIONAL FIRE CODE (IFC) & ROCKLAND COUNTY HEALTH & SAFETY CODES THERE MUST BE ONE (OPERABLE SINGLE STATION SMOKE DETECTING ALARM DEVICE) LOCATED ON EACH FLOOR OF THE PREMISES INCLUDING WALK-IN ATTICS.**
- **IN ADDITION, THERE MUST BE A SMOKE DETECTOR LOCATED IN EACH SLEEPING AREA.**
- **IT IS ALSO REQUIRED THAT THERE BE A CARBON MONOXIDE ALARM INSTALLED OUTSIDE OF EACH SLEEPING AREA/HALLWAY LOCATED WITHIN EACH DWELLING UNIT HOME. (No more than 10 ft. away from the nearest sleeping area).**
- **IN ADDITION THERE MUST BE A CARBON MONOXIDE ALARM/DETECTOR INSTALLED IN AN AREA OR FLOOR THAT CONTAINS A CARBON MONOXIDE SOURCE (fuel fired furnaces; fuel fired boilers; space heaters with pilot lights or open flames; kerosene heaters; wood stoves; fireplaces; and stoves, ovens, dryers, water heaters and refrigerators that use gas or liquid fuel)**

1. I (we) am/are the owner(s) of the property described herein, and attest that the property, at the time of transfer/refinance, complies with the above regulations

2. The property is a \_\_\_\_\_ family dwelling located at: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

The property is a \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

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

1. I (we) make this affidavit in accordance with New York State and Rockland County Law.

Owner/Transferor : \_\_\_\_\_

Owner/Transferor : \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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