

AFFIDAVIT OF INSTALLATION OF SMOKE ALARMS AND CARBON MONOXIDE ALARMS

IMPORTANT. This affidavit must be completed and returned to the Code Enforcement Division within 72 hours of an inspection by San José Code Enforcement. If units were inspected by more than one person, the signatures of all persons who performed the inspections are required.

This verification is a voluntary self-certification procedure. If you prefer to have an Inspector perform the verification, you must arrange to have an adult present on the day the final inspection is conducted. City staff may also determine that an inspection is required to verify compliance with applicable codes.

ALARM MODEL REQUIREMENTS

- Alarms must be models approved and listed by the State Fire Marshal. See this website: <https://sf-fire.org/smoke-and-carbon-monoxide-alarms-home-and-rental-units>
- The devices must be installed according to the manufacturer's instructions.

SMOKE ALARM REQUIREMENTS

Smoke alarms must be installed and functioning (see Figure A):

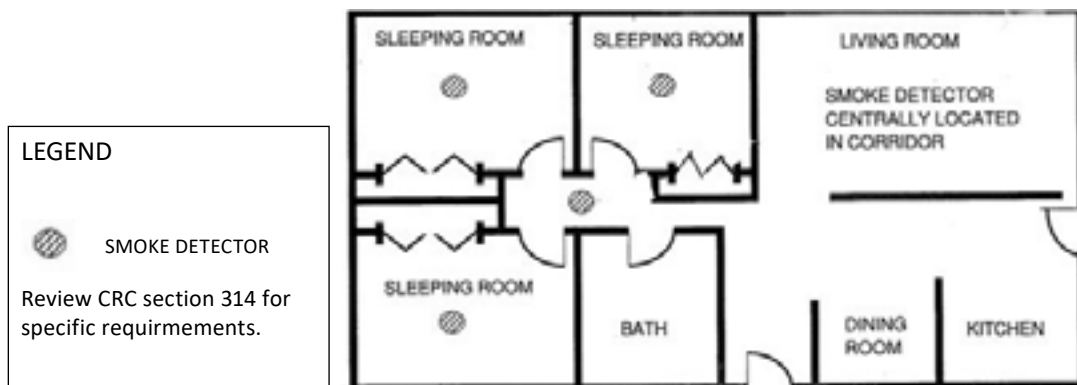
- In each sleeping room.
- Outside each separate sleeping area in the immediate vicinity of the bedrooms.
- In Laundry Rooms, Common Areas, Boiler/Water Heater Room
- On each additional story of the dwelling, including basements.

CARBON MONOXIDE ALARM REQUIREMENTS

Multifamily dwellings must be provided with carbon monoxide alarms if either or both of the following conditions exist:

- The dwelling unit contains a fuel-fired appliance or fireplace.
- The dwelling unit has an attached garage with an opening that communicates with the dwelling unit.
- On every level of a dwelling unit, including basements.

Figure A: Example of Alarm Placements



continued>

This is a computer-fillable PDF form and signatures, if required, must be a Digital ID Signature. Follow instructions for Digital Forms & Signatures.

INSTRUCTIONS

After reading page 1, please complete the following form:

Form with two rows: PROPERTY ADDRESS: and OWNER/PROPERTY MANAGER NAME:

I affirm that I am the owner or property manager as named above for the property located at the above address. I have given the occupant of each dwelling unit or guest room in the building at the above address a written explanation of the following:

- List of instructions: The location and operation of each smoke detector and carbon monoxide detector. Instructions describing the action to be taken when an alarm sounds. The procedures for testing the detectors. Who to contact when a low-battery tone sounds or power light fails.

Table with 12 columns labeled APT. # and 4 empty rows for unit information.

I hereby verify that smoke alarms and carbon monoxide alarms have been installed for the above units in compliance with current California codes and as described above, and all alarms have been tested and are functional for the above permit.

I am the: check one [] Property Owner [] Property Manager

SIGNATURE PRINT Name DATE MM/DD/YEAR

IF MORE THAN ONE PERSON INSPECTED THE UNITS, SIGN BELOW:

I am the: check one [] Property Owner [] Property Manager [] Other Responsible Party

SIGNATURE PRINT Name DATE MM/DD/YEAR

I am the: check one [] Property Owner [] Property Manager [] Other Responsible Party

SIGNATURE PRINT Name DATE MM/DD/YEAR