

THE CITY OF NEW YORK  
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
DIVISION OF CODE ENFORCEMENT

**CARBON MONOXIDE DETECTOR – CERTIFICATE OF INSTALLATION**

Premises Address: \_\_\_\_\_ Borough \_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), swear or affirm under penalty of perjury as follows:

\_\_\_\_\_ I am registered with the Department of Housing Preservation and Development (HPD) as having the following relationship to the property above: (check applicable box):  Individual Owner  Joint Owner  an Officer of the Corporation  Partner/Member of the Partnership/LLC  Receiver  Executor  Trustee  Lessee  Managing Agent  Authorized representative of the Condominium board of managers or cooperative association  Site Manager.

I hereby certify that one or more approved and operational carbon monoxide detecting devices has been installed in each dwelling unit of the above premises as prescribed in the provisions of Section 27-2046.1 and 27-2046.2 of the Administrative Code of the City of New York and the rule promulgated by the HPD, with the exception of those locations listed below which have not yet been equipped with carbon monoxide detecting devices for the reasons indicated.

Total number of dwelling units: \_\_\_\_\_

Total number of dwelling units in which one or more approved and operational carbon monoxide detecting devices have been installed: \_\_\_\_\_

Carbon Monoxide Detecting Device Not Installed:

Date	Location (story, apt. #)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is needed, please attach another sheet.)

Signature: \_\_\_\_\_ Signature date \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address, including city/state/zip: \_\_\_\_\_

**RETURN THIS FORM TO NYC HPD, OFFICE OF THE CITYWIDE CHIEF INSPECTOR,  
100 GOLD STREET, 5-Z5, NEW YORK, NY 10038.  
FOR DEPARTMENT USE ONLY**

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

The City of New York  
 DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
 Division of Code Enforcement

**Smoke Detectors – Certificate of Installation**

Premises Address: \_\_\_\_\_ Borough \_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), swear or affirm under penalty of perjury as follows:

\_\_\_\_\_ I am registered with HPD as having the following relationship to the property above: (check applicable box):   
 Individual Owner     Joint Owner     an Officer of the Corporation     Partner/Member of the Partnership/LLC  
 Receiver     Executor     Trustee     Lessee     Managing Agent     Authorized representative of the  
 Condominium board of managers or cooperative association     Site Manager

In accordance with the provisions of Section 27-2045 and 27-2046 of the Administrative Code of the City of New York, the owner of the above premises must file with the Department of Housing Preservation and Development's Division of Code Enforcement, a certification of satisfactory installation of smoke detecting devices within 10 days after such installation.

I hereby certify that one or more approved and operational smoke detecting devices have been installed in each dwelling unit as prescribed in the Rules and Regulations of the Department of Buildings and HPD, with the exception of those locations listed below which have not yet been equipped with smoke detecting devices for the reasons indicated.

Smoke Detecting Devices Not Installed:

<u>Date</u>	<u>Location (Story, Apt #)</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is needed, please attach another sheet.)

Signature: \_\_\_\_\_ Signature date \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address, including city/state/zip: \_\_\_\_\_

**RETURN THIS FORM TO NYC HPD, OFFICE OF THE CITYWIDE CHIEF INSPECTOR,  
 100 GOLD STREET, 5-Z5, NEW YORK, NY 10038.  
 FOR DEPARTMENT USE ONLY**

**FOR DEPARTMENT USE ONLY**

Department Certification

By: \_\_\_\_\_ Date: \_\_\_\_\_

THE CITY OF NEW YORK  
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
DIVISION OF CODE ENFORCEMENT

**JOINT CARBON MONOXIDE/SMOKE DETECTOR DEVICE- CERTIFICATE OF INSTALLATION**

Premises Address: \_\_\_\_\_ Borough \_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), swear or affirm under penalty of perjury as follows:

\_\_\_\_\_ I am registered with the Department of Housing Preservation and Development as having the following relationship to the property above: (check applicable box):  Individual Owner  Joint Owner  an Officer of the Corporation  Partner/Member of the Partnership/LLC  Receiver  Executor  Trustee  Lessee  Managing Agent  Authorized representative of the Condominium board of managers or cooperative association  Site Manager

I hereby certify that one or more approved and operational joint carbon monoxide/smoke detecting device has been installed in each dwelling unit as prescribed in the rules of the Department of Buildings and HPD, with the exception of those locations listed below which have not yet been equipped with smoke and/or carbon monoxide detecting devices for the reasons indicated.

Total number of dwelling units: \_\_\_\_\_  
Total number of dwelling units in which one or more approved and operational joint carbon monoxide/smoke detecting device has been installed \_\_\_\_\_

Joint Carbon Monoxide/Smoke Detecting Device Not Installed:

Date	Location (story, apt. #)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is needed, please attach another sheet.)

Signature: \_\_\_\_\_ Signature date \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address, including city/state/zip: \_\_\_\_\_

**RETURN THIS FORM TO NYC HPD, OFFICE OF THE CITYWIDE CHIEF INSPECTOR,  
100 GOLD STREET, 5-Z5, NEW YORK, NY 10038.  
FOR DEPARTMENT USE ONLY**

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_