

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

**SMOKE & CARBON MONOXIDE DETECTOR – CERTIFICATE OF INSTALLATION**

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

In accordance with the provisions of Section 27-2045, 27-2046, 27-2046.1 and 27-2046.2 of the Administrative Code of the City of New York and the rules promulgated by the Department of Housing Preservation and Development (DHPD) to implement those sections, the owner of the above premises must file with DHPD's Division of Code Enforcement Borough Office, in the borough in which the property is located, a certification of satisfactory installation of smoke and carbon monoxide detecting devices within 10 days after such installation.

I hereby certify that one or more approved and operational smoke and carbon monoxide detecting device has been installed in each dwelling unit as prescribed in the rules of the Department of Buildings and DHPD, 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 smoke detecting device has been installed: \_\_\_\_\_

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

Smoke & Carbon Monoxide Detecting Devices Not Installed:

<u>Date</u>	<u>Location (story, apt. #)</u>	<u>Device (circle device(s) not installed)</u>	<u>Reason</u>
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____
_____	_____	Smoke/ Carbon Monoxide	_____

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

OWNER: \_\_\_\_\_  
Signature

\_\_\_\_\_ Date

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

\_\_\_\_\_ Telephone

**FOR DEPARTMENT USE ONLY**

Department Certification  
By: \_\_\_\_\_

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