AFFIDAVIT FOR OPERABLE SMOKE DETECTOR

STATE OF NEW YORK)

COUNTY OF PUTNAM)

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

SS:

1. That our names are ______ and _____,

and that we are the owners/grantors of premises located at _____

_____ in the Town of Carmel, County of Putnam, State

of New York.

- 2. That the Tax Map identification of the property which we own is Tax Map #_____.
- 3. That we are aware of and acknowledge the fact that under New York State Uniform Fire and Building Code, operable smoke detectors are required on or near the ceiling in all sleeping area in single family dwellings and that the alarm shall be clearly audible in sleeping spaces with intervening doors closed.
- 4. We hereby swear the residence in question meets the conditions set forth above.
- 5. This affidavit if given pursuant to the New York State Uniform Fire and Building Code for the purpose of inducing the Building Department of the Town of Carmel to issue a Certificate of Occupancy or letter stating there are no violations of record.
- 6. We make this affidavit with full knowledge of the act that offering a false instrument for filing is a violation of the Penal Law of the State of New York which is classified as either a Class A misdemeanor or a Class E felony, depending upon the circumstances.

| DATE: | , 2 | |
|---------------------|--------|---------------------------|
| | | SIGNATURE |
| | | |
| | | |
| | | |
| | | SIGNATURE |
| STATE OF NEW YORK) | | |
| SS: | | |
| COUNTY OF PUTNAM) | | |
| | | |
| | | |
| On this | day of | , 2, before me personally |
| appeared | | |
| | | |
| | | of |

who did duly swear to the truth of the statements contained herein.