

SMOKE DETECTOR AFFIDAVIT

STATE OF NEW YORK )  
 )  
COUNTY OF )

TITLE NO. : \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_  
GRANTOR (S) /TRANSFEROR (S) GRANTEE (S) /TRANSFEE (S)

BEING DULY SWORN DEPOSE AND SAY:

1. THAT WE ARE THE GRANTOR(S)/TRANSFEROR(S) AND GRANTEE(S)/ TRANSFEE(S) OF THE PREMISES KNOWN AS \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_  
BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_.
2. THAT IN COMPLIANCE WITH THE STATE'S EXECUTIVE LAW AND THE CITY'S ADMINISTRATIVE CODE WE MAKE THE FOLLOWING REPRESENTATION:  
  
CHECK BOX A OR B  
  
[ ] A. THAT THE ABOVE PREMISES IS EITHER A ONE OR TWO FAMILY DWELLING AND THAT SAID DWELLING IS EQUIPPED WITH AN APPROVED AND OPERATIONAL SMOKE DETECTING DEVICE AS REQUIRED BY THE STATE EXECUTIVE LAW AND THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK.  
  
[ ] B. THAT THE ABOVE PREMISES IS NOT A ONE OR TWO FAMILY DWELLING AND THEREFORE THOSE PROVISIONS OF THE STATE'S EXECUTIVE LAW AND THE NEW YORK CITY'S ADMINISTRATIVE CODE CONCERNING INSTALLATION OF SMOKE DETECTING DEVICES FOR ONE OR TWO FAMILY DWELLINGS ARE NOT APPLICABLE.
3. THAT THIS AFFIDAVIT IS MADE IN COMPLIANCE WITH SECTION 11-2105(A) OF THE ADMINISTRATIVE CODE.

\_\_\_\_\_  
GRANTOR/TRANSFEROR

\_\_\_\_\_  
GRANTEE/TRANSFEE

SWORN TO ME BEFORE THIS  
DAY OF \_\_\_\_\_

SWORN TO ME BEFORE THIS  
DAY OF \_\_\_\_\_