

STING FOR SMOKE AND CARBON MONOXIDE ALARMS

This affidavit is to be completed at the time of the testing of the project's required smoke and/or carbon monoxide alarms. It is permitted to modify this form as required to provide a more complete and/or clear record. Insert **N/A** on all unused lines. Attach additional sheets, data, or calculations as necessary to complete form.

Form Completion Date: 05/26/2025 DOB Job/Application No.: 121188776

1. PROPERTY INFORMATION

Property Owner: Clinton Eight Realty LLC
Address: 179-181 McDougal Street New York NY 10011
Phone: 201-242-4021 Email: jstraus@strausgroup.com Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: LND Electric LLC License No.: 13098
Address: 1006 Coney island Ave Brooklyn NY 11230
Phone: 718-421-2000 Email: service@LNDelectric.com Other: _____

3. ALARM TYPE(S)

Check all devices that have been installed as part of this application and provide the quantity of the installed devices.

- ☐ Smoke alarm (battery operated) Qty. _____
- ☐ Smoke alarm (hard-wired) Qty. _____
- ☐ Carbon monoxide alarm (battery operated) Qty. _____
- ☐ Carbon monoxide alarm (hard-wired) Qty. _____
- ☐ Combined Smoke/CO alarm (battery operated) Qty. _____
- ☒ Combined Smoke/CO alarm (hard-wired) Qty. 53

4. STATEMENT & SIGNATURES

I, Yitzchok Leonorovitz as having the following relationship to the property above:
(print name)

Check the applicable box: ☐ Owner ☐ Registered Design Professional ☒ Licensed Electrician
swear or affirm under penalty of perjury that the required smoke and carbon monoxide alarm devices have been installed and tested in the above premises in complete accordance with all applicable Codes and regulations.

Name (please print): Yitzchok Leonorovitz

Signature: 

Date: 05/26/2025

