



AFFIDAVIT OF INSTALLATION & TESTING 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: 07/17/2023 DOB Job/Application No.: 210180542

1. PROPERTY INFORMATION

Property Owner: E 135 AND 3RD AVE OWNER LLC
 Address: 227 East 134th Street Bronx NY, 10451
 Phone: 646 834 9467 Email: Evan.blumenthal@artimusnyc.com Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: Anthony G Ferry, Inc. License No.: 12183
 Address: 314 City Island Avenue Bronx NY, 10464
 Phone: 646-678-4460 Email: Patrick@agfelectrical.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. <u>N/A</u>
☐ Smoke alarm (hard-wired)	Qty. <u>N/A</u>
☐ Carbon monoxide alarm (battery operated)	Qty. <u>N/A</u>
☐ Carbon monoxide alarm (hard-wired)	Qty. <u>N/A</u>
☐ Combined Smoke/CO alarm (battery operated)	Qty. <u>N/A</u>
☒ Combined Smoke/CO alarm (hard-wired)	Qty. <u>496</u>

4. STATEMENT & SIGNATURES

I, Patrick Kennelly 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): Patrick Kennelly

Signature: _____

Date: 07/18/2023

