



DEPT OF BLDGS 321595911 Job Number

ES420009918 Scan Code

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: 2/03/2026

DOB Job/Application No.: #321595911

1. PROPERTY INFORMATION

Property Owner: BL Partners BK LLC C/O Fahad Rajput

Address: 3509 Farragut Rd, Brookly, NY 11210

Phone: 516-849-0374

Email: fr@tresorgp.com

Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: TFK Electric Corp

License No.: 013046

Address: 1027 Cortelyou Rd 2nd fl Brooklyn NY 11218

Phone: (917) 909-0914

Email: Tfkelectriccorp@gmail.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. 17

4. STATEMENT & SIGNATURES

I, David Minz 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): David minz

Signature: _____

Date: 2/2/2026

