



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: 2/23/2024 DOB Job/Application No.: 321597116

1. PROPERTY INFORMATION

Property Owner: FRANK DUBINSKY - SPRING CREEK 4C OWNER LLC
 Address: 95 GATEWAY DRIVE
 Phone: 7188758160 Email: NSC4C@MONADNOCKDEVELOPMENT.COM Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: RGF Electric Corp. License No.: 13150
 Address: 2800 Bruckner Blvd. Suite 301 Bronx, NY 10465
 Phone: 3474972687 Email: gfeil@rgfelectric.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. 21

4. STATEMENT & SIGNATURES

I, Gregory Feil 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): Gregory Feil

Signature: 

Date: 05/23/2024

