

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: 2/16/2025 **DOB Job/Application No.:** 340803367 / B00933693-I1

1. PROPERTY INFORMATION

Property Owner: 1301 NEWKIRK REALTY
Address: 585 Argyle Road. Brooklyn, NY 11230
Phone: (718) 385-9100 Email: jaraman@feqs.com Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: MIKHAIL LEYBMAN License No.: 012057
Address: 167 7TH STREET, BROOKLYN NY 11205
Phone: (347) 987-3221 Email: leybman@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. 95

4. STATEMENT & SIGNATURES

I, MIKHAIL LEYBMAN 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): MIKHAIL LEYBMAN

Signature: mikhail leybman

Date: 2/16/2025

