



Buildings

DEPT OF BLDGS 421860677 Job Number

ES815819075

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: 8/3/2023 DOB Job/Application No.: 421860677

1. PROPERTY INFORMATION

Property Owner: _____
Address: 96-47 CORONA AVE QUEENS N.Y. 11368
Phone: _____ Email: _____ Other: _____

2. INSTALLING CONTRACTOR INFORMATION

Installing Contractor: AL-ELECTRIC ELECTRICAL CONTRACTING INC License No.: 10804
Address: 137 CHRYSIE STREET NEW YORK N.Y. 10002
Phone: 212-219-3336 Email: allectric@yahoo.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. _____

4. STATEMENT & SIGNATURES

I, SANG CHEUNG 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): SANG CHEUNG

Signature: _____

Date: 8/3/2023

SEAL ONLY REQUIRED FOR
HARD-WIRED INSTALLATIONS

P.E./R.A./Licensed Electrician Seal