

The City of New York  
 DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
 Division of Code Enforcement

**CERTIFICATE OF INSTALLATION**

Premises Address: \_\_\_\_\_ Borough \_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), swear or affirm under penalty of perjury as follows:

\_\_\_\_\_ I am registered with the Department of Housing Preservation and Development (HPD) as having the following relationship to the premises above: (check applicable box):  Individual Owner  Joint Owner  an Officer of the Corporation  Partner/Member of the Partnership/LLC  Receiver  Executor  Trustee  Lessee  Managing Agent  Authorized representative of the Condominium board of managers or cooperative association  Site Manager (Superintendent)

Check the statement(s) which apply to this submission:

\_\_\_\_\_ I hereby certify that within the last ten days, one or more approved and operational smoke detecting devices have been installed in the following dwelling units of the above premises in accordance with Sections 27-2045 and 27-2046 of the Administrative Code of the City of New York and the rules promulgated by HPD for any units listed below marked as "SD"(Smoke Detector).

\_\_\_\_\_ I hereby certify that within the last ten days, one or more approved and operational carbon monoxide detecting devices has been installed in the following dwelling units of the above premises in accordance with Sections 27-2046.1 and 27-2046.2 of the Administrative Code of the City of New York and the rules promulgated by HPD for any units listed below marked as "CO" (Carbon Monoxide).

\_\_\_\_\_ I hereby certify that within the last ten days, one or more approved and operational combined carbon monoxide/smoke detecting device(s) has been installed in the following dwelling units of the above premises. in accordance with Sections 27-2045, 27-2046, 27-2046.1, and 27-2046.2 of the Administrative Code of the City of New York and the rules promulgated by HPD for any units listed below marked as "Combined" (Smoke/Carbon Monoxide Detector).

Total # of apartments where installations were completed listed below \_\_\_\_\_

Apt #	CO	Smoke	Combined	Apt #	CO	Smoke	Combined
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

\_\_\_\_\_ **If additional space is needed, please use a supplement sheet. Check here if a supplemental sheet is attached.)**

Signature: \_\_\_\_\_ Signature date \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address, including city/state/zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**RETURN THIS FORM TO NYC HPD, OFFICE OF THE CITYWIDE CHIEF INSPECTOR,  
100 GOLD STREET, 5-Z5, NEW YORK, NY 10038.  
FOR DEPARTMENT USE ONLY**

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PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**CERTIFICATE OF INSTALLATION – SUPPLEMENTAL PAGE**

Premises Address: \_\_\_\_\_ Borough \_\_\_\_\_

	Apt #	CO	Smoke	Combined		Apt #	CO	Smoke	Combined
1					31				
2					32				
3					33				
4					34				
5					35				
6					36				
7					37				
8					38				
9					39				
10					40				
11					41				
12					42				
13					43				
14					44				
15					45				
16					46				
17					47				
18					48				
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25					55				
26					56				
27					57				
28					58				
29					59				
30					60				

Signature: \_\_\_\_\_ Signature date \_\_\_\_\_ Phone: \_\_\_\_\_