



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123
KATHLEEN MOLLOY PREVISICH, PLANNING DIRECTOR

AFFIDAVIT OF COMPLIANCE **FOR INSTALLATION OF SMOKE AND CARBON MONOXIDE ALARMS**

Property Address: _____

Permit Number: _____

Brief Job Description: _____

Number of Smoke Alarms installed: _____

Number of Carbon Monoxide Alarms installed: _____

When alterations, repairs or additions requiring a permit occur, or sleeping rooms are created,

- Smoke alarms shall be installed in each sleeping room, and outside each separate sleeping area in the immediate vicinity of the bedrooms, and on each additional story of the dwelling, including basements and habitable attics as required by Section R314.3 of the 2013 California Residential Code (CRC) and Section 907.2.11.2 of the 2013 California Building Code (CBC) and the California Health and Safety Code Section 13113.7.
- For dwellings or sleeping units with fuel burning appliances or attached garages, carbon monoxide alarms shall be installed outside each separate sleeping area in the immediate vicinity of the bedrooms, and on each additional story of the dwelling, including basements as required by Section R315.2 of the 2013 California Residential Code (CRC) and Section 420.6 of the 2013 California Building Code (CBC).
- Multi-purpose alarms (combination carbon monoxide and smoke alarms) may be used.
- All alarms shall comply with requirements for listing and approval by the Office of the State Fire Marshal. http://osfm.fire.ca.gov/licensinglistings/licenselisting_bml_searchcotest.php

THE CONTRACTOR OR THE OWNER MUST CERTIFY COMPLIANCE WITH SMOKE AND CARBON MONOXIDE ALARM REQUIREMENTS. PLEASE SELECT AND SIGN BELOW:

I, as the responsible **Licensed Contractor** for the project, verify smoke and carbon monoxide alarms are installed in accordance with CRC R314.6 and R315.2 and have verified that all required alarms are in working condition.

Contractor Name (print)	Contractor Signature	Date
Contractor License No.:	License Class:	Expiration Date:

I, as the **Owner** of the building, verify smoke and carbon monoxide alarms are installed in accordance with CRC Section 314.6 and R315.2 and have verified that all required alarms are in working condition.

Owner Name (print)	Owner Signature	Date
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This affidavit must be returned to the County of Santa Cruz Building Inspector prior to final inspection sign-off.