



BUILDING DIVISION

Community Development Department

2131 Pear Street, Pinole, CA 94564 www.pinole.gov

Phone: (510) 724-8912 Email: BuildingQuestions@pinole.gov

AFFIDAVIT-SELF CERTIFICATION FOR SMOKE DETECTORS & CARBON MONOXIDE ALARMS

PERMIT WILL NOT BE FINALED UNTIL THE BUILDING INSPECTOR TESTS THE ALARMS/ DETECTORS OR THIS FORM IS COMPLETED AND COLLECTED BY THE BUILDING INSPECTOR

PERMIT NO: _____ **PROJECT ADDRESS:** _____

I, _____, as owner of the above reference property, hereby
[print property owner's full name]

verify that smoke detectors and carbon monoxide alarms have been installed in compliance with current California Building Codes (CBC) and as described below, and all alarms have been tested and are functional for the above permit. Furthermore, I confirm that smoke alarms and carbon monoxide alarms are in place and operational in the following locations:

SMOKE ALARMS:

In accordance with 2022 CBC §907.2.11.2

- In each room use for sleeping purposes.
- On ceiling or walls outside each separate sleeping area, in the immediate vicinity of bedrooms.
- On each additional story of the dwelling, including basements and habitable attics but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

CARBON MONOXIDE ALARMS:

In accordance with 2022 CBC §420.4.3

- Outside of each separate dwelling unit sleeping area in the immediate vicinity of the bedroom/s.
- On every level of a dwelling unit, including basements.

**I DECLARE UNDER PENALTY OF PERJURY
THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____