2301 Technology Parkway
Hollister, CA 95023-2513

Phone: (831) 637-5313
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Smoke | Carbon Monoxide Alarms Certificate of Compliance

Permit No.

Address   **# Smoke Alarms**:   **# Carbon Monoxide**:

PERMIT CAN NOT BE FINAL AND COMPLETED UNTIL THIS CERTIFICATE HAS BEEN <u>SIGNED</u> AND <u>RETURNED</u> TO THE BUILDING DIVISION
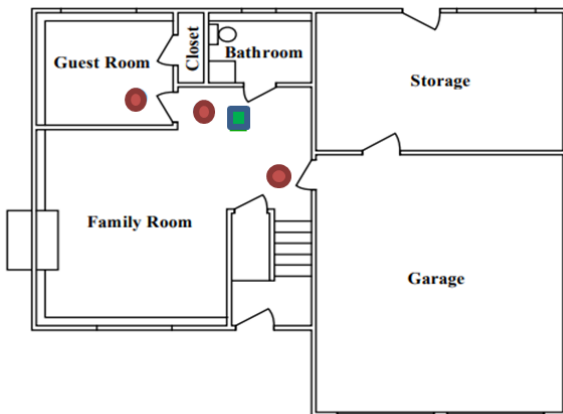
PURPOSE

This affidavit is a self-certification for the installation of all required Smoke and Carbon Monoxide Alarms for compliance with 2022 CRC Sections R314 & R315
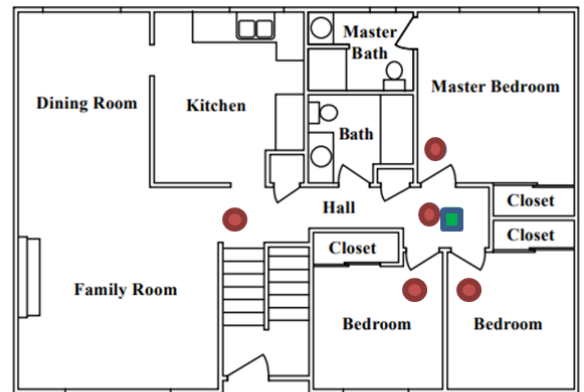
GENERAL INFORMATION

When the valuation of additions, alterations, or repairs to existing dwelling units exceeds $1,000, CRC Sections R314 & R315 require that Smoke Alarms and/or Carbon Monoxide Alarms be installed in the following locations:

AREA	SMOKE ALARM	CO ALARM
Outside of each separate sleeping area in the immediate vicinity of the bedroom(s)	X	X
On every level of a dwelling unit including basements	X	X
Within each sleeping room	X	

EXAMPLE SMOKE ALARM AND CARBON MONOXIDE ALARM LOCATIONS

FIRST FLOOR PLAN
● SMOKE ALARM   ■ CARBON MONOXIDE ALARM

SECOND FLOOR PLAN
● SMOKE ALARM   ■ CARBON MONOXIDE ALARM

Where work is limited to the following permits issued by the San Benito County Building Department, this form may be used:

1. Re-roofs.
2. Water heater replacements/installs.
3. Electrical Service Upgrade.
4. Outdoor PV systems.
5. Retrofit windows.
6. HVAC replacements
7. Outdoor siding or stucco work.
8. Outdoor swimming pool or hot tubs.
9. Outdoor decks, trellis, or similar work.
10. Any other work considered by the department as minor repair/alteration work in nature.

As the owner of the above-referenced property, I hereby certify that the alarm(s) referenced above has/have been installed in accordance with the manufacturer's instructions and in compliance with the California Building and California Residential Codes. The alarms have been tested and are operational, as of the date signed below.

I have read and agree to comply with the terms and conditions of this statement.

Owner (or Owner Agentr's) Name:	Signature		Date:
Contractor Name:	Signature	Lic.#	Date: