



City of Selma

Fire Prevention Bureau

1711 Tucker St, Selma CA 93662
559-891-2265 / Fax 559-896-1068

AFFIDAVIT – SELF CERTIFICATION OF INSTALLATION OF SMOKE/CARBON MONOXIDE ALARM(S)

FOR COMPLIANCE WITH SECTIONS R314 AND R315 OF THE CALIFORNIA RESIDENTIAL CODE WHERE
NO INTERIOR ACCESS FOR INSPECTION IS REQUIRED

Property Address _____

Property Name _____ Business License Number _____

Number of Alarms Installed: Smoke _____ Carbon Monoxide _____ Combination _____

When the valuation of additions, alterations, or repairs to existing dwelling units exceeds \$1000.00, Sections R314 and R315 of the California Residential Code required that Smoke Alarms and/or Carbon Monoxide Alarms be installed in the following locations:

1. Outside of each separate dwelling unit sleeping area in the immediate vicinity of the bedroom
 - Smoke Alarm and Carbon Monoxide Alarm
2. On every level of a dwelling unit including basements
 - Smoke Alarm and Carbon Monoxide Alarm
3. Within each sleeping room
 - Smoke Alarm

*Carbon Monoxide Alarms **are not required** in dwellings which do not contain fuel-burning appliances and that do not have an attached garage.

Combination Alarms: Carbon monoxide alarms combined with smoke alarms shall comply with section R315 and shall be approved by the office of The State Fire Marshal.

Power Supply: In existing dwelling units with no commercial power supply alarms(s) may be solely battery operated. In existing dwelling units, alarms are permitted to be solely battery operated where repairs or alterations do no result in the removal of wall and ceiling finishes, **or** there is no means of access by means of attic, basement, or crawl space. An electrical permit is required for alarms which must be connected to the building wiring.

As owner/property manager 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 Residential Code. The alarms have been tested and are operational.

Print Name _____ Date _____

Signature _____

**Please return this form to the Fire Marshal at 1711 Tucker St, Selma CA 93662 or
fireprevention@cityofselma.com

