## VILLAGE OF ROCKVILLE CENTRE

110 MAPLE AVE P.O. BOX 950

## ROCKVILLE CENTRE, N.Y. 11571-0950

Tel. No.: 516-678-9247 Fax No.: 516-678-4544

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## CARBON MONOXIDE DETECTOR CERTIFICATE OF INSTALLATION

LOCATION ~ ADDRESS:	
Section: Block: Lot(s):	
In accordance with the provisions of The New York State Uniform Fire I promulgated by the State of New York and Village of Rockville Centre to premises must file with the Village of Rockville Centre Building Department of the Provision of the Provision of The New York State Uniform Fire I promulgated by the State of New York State Uniform Fire I promulgated by the State Office of The New York State Uniform Fire I promulgated by the State Office of The New York State Uniform Fire I promulgated by the State Office of The New York State Uniform Fire I promulgated by the State Office of New York State Uniform Fire I promulgated by the State Office of New York and Village of Rockville Centre to premise must file with the Village of Rockville Centre Building Department of New York State Uniform Fire I promulgated by the State Office of New York and Village of Rockville Centre Building Department of New York State Uniform Fire I promulgated by the State Office	implement those sections, the owner of the above
I hereby certify that one or more approved and operational carbon mon unit of the above premises as prescribed herein;	oxide detecting device has been installed in each dwelling
Total number of dwelling units:	
Identify total number of dwelling units in which one or more approved an installed on each floor level as required by Code:	nd operational carbon monoxide detecting device has been
Lowest level;	
1 <sup>st</sup> Floor;	-
2 <sup>nd</sup> Floor;	_
3 <sup>rd</sup> Floor;	-
4 <sup>th</sup> Floor;	-
5 <sup>th</sup> Floor;	-
6 <sup>th</sup> Floor;	-
(If additional space is needed, please attach additional sheet.)	
OWNER NAME ~ PLEASE PRINT:	
OWNER SIGNATURE:	
OWNER ADDRESS:	
Owner Telephone;	
Sworn to before me this day of, 20	_
Notary Public Signature:	_
Stamp:	
Dated20	
FOR DEPARTMENT LICE ONLY. Demanders and Conditional Con-	Jac-1- 22
FOR DEPARTMENT USE ONLY: Department Certification by:	dated:20