



City of Mt. Shasta
305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510 Fax (530) 926-7521

AFFIDAVIT-SELF-CERTIFICATION
FOR COMPLIANCE OF
BATTERY OPERATED SMOKE
DETECTORS AND
CARBON MONOXIDE DETECTORS

Property Address: _____

Building Permit Number: _____

Number of battery operated smoke detectors: Installed _____ Existing _____

Number of carbon monoxide detectors: Installed _____ Existing _____

When the valuation of additions, alterations, or repairs to dwelling units exceeds 1,000.00, SMOKE DETECTORS 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, of the 2016 California Residential Code (CRC) and Section 907.2.11, 420.4, of the 2016 California Building Code (CBC) and the Health and Safety Code Section 13113.7.

Regardless of valuation, for dwellings or sleeping units containing fuel burning appliances or having attached garages, CARBON MONOXIDE detectors 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 of the 2016 CRC and Section 420.4 of the 2016 CBC Multipurpose (combination carbon monoxide and smoke) alarms may be used. CRC R315.3 and CBC 907.2.11.2.

All alarms shall comply with requirements for listing and approval by the Office of the State Fire Marshal. As owner of the above-referenced property, I hereby certify that I have installed the smoke detectors and carbon monoxide detectors in accordance with the manufacturer's instructions and in compliance with the above sections of the California Residential Code, California Building Code and California Health and Safety Code.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on (Date) _____ at Mt. Shasta, California.

Owner's Name (printed/typed): _____

Signature of Owner: _____

The certification must be returned to the City of Mt. Shasta building inspector prior to final sign-off of all permits requiring compliance.

Note: Form to be used only for permit types where building inspector is not required to go into residential dwelling unit.