



Town of Amherst
Fire Safety Division
5583 Main Street
Williamsville, New York 14221

Phone:
(716) 631-7140
Fax
(716) 631-7192
Email:
firesafety@amherst.ny.us

CARBON MONOXIDE DETECTOR CERTIFICATION
(RESIDENTIAL)

Date: _____

The installation of carbon monoxide detectors was completed at the following address(s):

Carbon Monoxide Detector Requirements:

- An operable and properly installed carbon monoxide detector has been installed at the following locations:
 - Every level containing a Carbon Monoxide source. (15 feet from the sleeping areas)
 - Buildings with boiler/radiant heat – Lowest sleeping level. (15 feet from the sleeping areas)
 - Buildings with furnace/circulated heat – All levels. (15 feet from the sleeping areas)
- **ALL carbon monoxide detectors shall be replaced as per their listed lifespan****

****Submittal of this document constitutes completion/compliance of the requirements listed above. You may be subject to an inspection for verification of compliance. Further legal action may be pursued if full compliance is not found. Please do not hesitate to call for any questions****

Owner/Building Contact (Printed): _____

Owner/Building Contact (Signed): _____

Title: _____ Phone Number: _____

****OFFICIAL USE ONLY****

DATE: _____ **Fire Inspector:** _____

NOTES: _____



Town of Amherst
Fire Safety Division
5583 Main Street
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SMOKE DETECTOR CERTIFICATION
(RESIDENTIAL)

Date: _____

The installation of smoke detectors was completed at the following address(s):

Smoke Detector Requirements:

- An operable and properly installed smoke detector has been installed at the following locations:
 - In each room used for sleeping purposes.
 - On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.
 - Basement level. Additional smoke detector(s) required in basements with additional fire area(s).
 - Any habitable level not already mentioned above.

****ALL smoke detectors shall be no greater than 10 years old****

****Submittal of this document constitutes completion/compliance of the requirements listed above. You may be subject to an inspection for verification of compliance. Further legal action may be pursued if full compliance is not found. Please do not hesitate to call for any questions****

Owner/Building Contact (Printed): _____

Owner/Building Contact (Signed): _____

Title: _____ Phone Number: _____

****OFFICIAL USE ONLY****

DATE: _____ **Fire Inspector:** _____

NOTES: _____

