MORENO VALLEY WHERE DREAMS SOAR	Community & Economic D Building & Safety Division 14177 Frederick Street P.O. Box 88005 Moreno Valley, CA. 92552 (951) 413-3350 (951) 413-3363 FAX		SMOKE & CAF MONOXIDE AL RETROFIT VERIFICATION	_ARM
l,	, and I,, <i>wner's Name)</i>	Tonant's Namo _ if	same as Owner write	"Same")
(I mill Topenty O	(Intel 3 Name)	rename – n	same as owner write	Game)
who own and/or live in the dwe	elling located at:	(Addre	ee)	,
		(Addre	33/	
	oon monoxide alarms required by th the code and with the manufac			
existing dwellings when altera Generally, the alarms must be installation of the alarms will re	ety within dwellings, CRC Section tions, repairs or additions requirin hard-wired (110 volt) with battery equire the removal of wall or ceilin ay be solely battery operated and existing dwelling:	ng a permit and exceed y back-up and all alarn ng finishes or there is r	ling \$1,000 in value are m ns are to be interconnecte no access by means of att	ade. d. If the ic, basement
* In all bedrooms (only req	uire Smoke Alarms)			
* Immediately outside of each separate bedroom. (require Smoke and Carbon Monoxide Alarms)				
 In each story level of the Alarms) 	dwelling, including basements ar	nd habitable attic room	s (require Smoke and Car	bon Monoxide
I have read and understand the above requirements and affirm by my signature, that all required Alarms mentioned above have been properly installed and tested. <i>(Both signature lines below must be completed.)</i>				
Signature of Property O	wner Date	Signature (If same as Owne		Date
<u>ATTENTION OWNER – OCCUPANT</u> : This is a voluntary Smoke and Carbon Monoxide Alarm verification procedure. If you prefer a Building Inspector to perform the verification, you must arrange to have an adult present at the time of inspection.				
W:\CDD Admin\loris\FORMS - Develo	opment Services\Building and Safety Form	ns\Smoke and Carbon Mono	oxide Alarm.doc revised	d: 7/13/11