



**CITY OF RIVERBANK
COMMUNITY DEVELOPMENT DEPARTMENT**

www.Riverbank.org

Building Division

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CARBON MONOXIDE ALARM AND SMOKE ALARM RETROFIT VERIFICATION

I, _____, and I, _____,
(Print Property Owner’s Name) (Tenant’s Name - if same as Owner write “Same”)

who own and/or live in the dwelling located at: _____
(Address)

verify that the carbon monoxide alarms required by the California Residential Code (CRC) have been installed in the dwelling, in compliance with the code and with the manufacturer's instructions and further that they have been tested and do function properly.

In an effort to enhance life safety within dwellings, CRC Section R314.6 and R315.2 require the retrofit of these alarms in existing dwellings when alterations, repairs or additions requiring a permit and exceeding \$1,000 in value are made. Generally, the alarms must be hard wired (110 volt) with battery back-up and shall be interconnected. Exceptions: Alarms may be solely battery operated and not interconnected when there is no commercial power supply or the repairs or alterations do not include the removal of wall or ceiling finishes or there is no access by means of attic, basement or crawl space. Alarms may be powered by other sources recognized for use by NFPA 720. Alarms may be solely battery operated or plug-in with battery back-up where repairs or alterations are limited to the exterior surfaces, such as roofing, siding, addition or replacement of windows or doors, the addition of a porch or deck, installation, repair of plumbing or mechanical systems.

Alarms must be installed in **all** of the following locations within the existing dwelling:

- Smoke alarms in all bedrooms.
- Smoke and carbon monoxide alarms immediately outside of each separate bedroom.
- Smoke and carbon monoxide alarms in each story level of the dwelling, including basements and habitable attic rooms.

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. (Both signature lines below must be completed).

Signature of Owner

Date

Signature of Tenant

Date

(If same as Owner - write “Same”)

ATTENTION OWNER - OCCUPANT: *This is a Voluntary 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.*