

ALARM SYSTEM / LOW VOLTAGE
PERMIT APPLICATION

ALARM SYSTEM (FIRE / BURGLAR)
 (check State Certification)

LOW VOLTAGE – Voice, Data, Cable, Phone, Other _____

JOB ADDRESS: _____

SUBDIVISION: _____ **LOT#** _____

OWNER/BUILDER’S NAME: _____ **PHONE#** _____

- | | |
|---|---|
| <p><u>TYPE OF OCCUPANCY:</u></p> <p><input type="checkbox"/> RESIDENTIAL</p> <p><input type="checkbox"/> COMMERCIAL</p> <p><input type="checkbox"/> INSTITUTIONAL</p> | <p><u>WORK TO BE DONE IN:</u></p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> BUILDING ADDITION</p> <p><input type="checkbox"/> EXISTING BUILDING</p> <p><input type="checkbox"/> OTHER</p> |
|---|---|

Permit fees shall be based on the following schedule:			
Select One			Show # of bldgs.
	Single Family Residential / Garden Homes	\$ 30.00	
	Townhomes	\$ 30.00 per building	
	Apartments / Condominiums / Duplex	\$ 50.00 per building	
	Commercial / Non-Residential	\$ 100.00 per building	

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING THE INSTALLATION OF ALARM SYSTEMS. I AM THE OWNER OR AM AUTHORIZED TO ACT AS THE OWNER’S AGENT FOR THE HEREIN DESCRIBED WORK.

COMPANY NAME: _____

ADDRESS: _____

(City) (State) (Zip Code) (Phone No.)

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

_____	_____	_____	_____
BUILDING OFFICIAL	DATE	PERMIT FEE	PERMIT NO.