

Jeffrey M. Fiorita
Chief of Police



Internal Use Only

PERMIT NO _____

Issuance Date _____

COMMERCIAL / RESIDENTIAL ALARM USER PERMIT APPLICATION

Applicant Information: ☐ NEW ☐ UPDATE INFORMATION (highlight changes)

Full Name of Business / Occupant /Resident _____

Alarm Site Address _____ Apt / Suite _____

City _____ State _____ Zip _____

Mailing Address (if different from Site Address) _____

Phone # () _____ Other # () _____ Email _____

Check one: ☐ Residence ☐ Business

Check Applicable Type(s) of alarm: ☐ Holdup Burglary ☐ Silent ☐ Audible only ☐ Radio ☐ Cellular backup ☐ Panic

Other: (Explain) _____

** Audible alarms must have an automatic abort feature to reset after a 15 minute annunciation period.*

Type(s) of alarm activation monitoring / reporting: ☐ Central Station ☐ Dialer ☐ Proprietary

Alarm Company: _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Alarm Company Contact (s) _____

*** Does your alarm company possess a Beavercreek Alarm Company Permit?** ☐ YES ☐ NO ☐ UNKNOWN

****ALARM COMPANIES MUST BE LICENSED BY THE CITY OF BEAVERCREEK TO CONDUCT ANY ALARM-RELATED BUSINESS WITHIN BEAVERCREEK. If no, your alarm company must obtain a BUSINESS ALARM LICENSE.***

Emergency Notification: List names and telephone numbers of three (3) persons who are able and agree to be available to respond within 20 minutes to an alarm on a 24 – 7 basis, to permit access, and deactivate the alarm, if such need arises:

Name	Address	Phone #	Cell Phone #
------	---------	---------	--------------

1. _____

2. _____

3. _____

I have read the completed application and represent the same to be true and correct. I accept responsibility for payment of all fines that may result from the operation of the alarm system serving the above alarm site. I will surrender this permit if I transfer ownership of the alarm site property. *THIS PERMIT IS NON TRANSFERRABLE.*

Permit Applicant Signature (Required)

Date

A-19-001