

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 #
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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.***