



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 number of three (3) persons who are able to agree to be available to respond within 20 minutes to an alarm on a 24-7 bases, to permit access, and deactivate the alarm, if such a 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.*

Permit Applicant Signature (Required) _____

Date _____

Return the completed form to records@beavercreekohio.gov or 1388 Research Park Drive.

A-19-001