



Beavercreek
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 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 #

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