APPLICATION FOR ALARM PERMIT

FOR ONE OR TWO FAMILY RESIDENCES AND TOWNHOUSES ONLY

Application Checklist

- □ Alarm Permit Application
 - Alarm Permit Fee \$30.00
 - For Owner Installed Wireless Systems- Copy of The Declaration Page of Homeowner's Insurance & Homeowner's Workers' Comp Waiver Form

For Alarm Contractor Installed Systems

- o Alarm Installer Worker's Compensation Certificate
- Alarm Installer Disability Insurance Certificate
- Copy of NYS Alarm Installer License
- Third Party Electrical Inspection Agency Form (for wired systems)

Note: Additional information may be required.

Incomplete applications will be returned without review.

TOWN OF CORTLANDT

DEPARTMENT OF TECHNICAL SERVICES

CODE ENFORCEMENT DIVISION

Town Hall, 1 Heady Street

Cortlandt Manor, NY 10567

914-734-1010 FAX 914-293-0991

http://www.townofcortlandt.com

| Permit No |
|-----------|
| Date: |
| SCA: |
| |

TOWN OF CORTLANDT

DEPARTMENT OF TECHNICAL SERVICES

Code Enforcement Division Town Hall, 1 Heady Street, Cortlandt Manor, NY 10567 914-734-1010 FAX 914-293-0991 http://www.townofcortlandt.com

ALARM PERMIT APPLICATION

Application is hereby made to the code Enforcement Division for the issuance of Permits pursuant to the Code of the Town of Cortlandt. the

| in this application conforms to all provisions | olicable laws, ordinances and regulations. The applicant attests that the proposed work outlined sof the Code of the Town of Cortlandt and laws of New York State. It is further agreed that the ed until a Certificate of Occupancy has been issued and all fees are paid in full. |
|--|---|
| ☐ Wireless System | ☐ Wired System (3 rd Party Electrical Inspector Form) |
| Site Data: | |
| Section Block Lot | Alarm Permit |
| Application for a permit is hereby made | to cover installations as stated below. |
| Street Address: | |
| Owner: | Applicant: |
| Name: | Name: |
| Address: | Address: |
| Phone: Mobile: | Phone: Mobile: |
| Lessee: | Alarm Installer: |
| Name: | Name: |
| Address: | Company: |
| Phone: Mobile: _ | Address: |
| | Phone: Mobile: |
| Type of Emergency System is D | Designed to Protect (check all that apply) |
| BurglaryFirePa | nic Medical |
| | inc wedeat |
| If Wedlear Flease Describe | |
| or have performed said work and to make | |
| Sworn to before me this | Alarm Installer Signature: |
| day of, 2 | |
| | Print Name: |
| Notary Public: | |

ALARM PERMIT APPLICATION

| Contact Per | sons: | | |
|---------------|---------------------|-----------------------------|--|
| Name: | | | Phone: |
| Address: | | | Mobile: |
| Name: | | | Phone: |
| Address: | | | Mobile: |
| Alarm Syste | em Information: | <u> </u> | |
| Audible Devi | ce: | | |
| Bell | Siren | Other | |
| Power Source | <u>::</u> | | |
| House | Current _ | Battery Backup | |
| | | | |
| Is System Mo | nitored by a Centra | al Station Alarm Company? | |
| Yes | Name: | | |
| | Address: | | |
| | Phone: | | _ |
| No | (All dialers must | go to central station) | |
| | - | - | Verplanck Montrose Croton Cortlandt VAC Croton |
| Miscellaneous | S | | |
| Describe any | information emerg | ency services personnel nee | ed to know about this premises |
| | | | ne protected premises. Use main roads, landmarks and any nel in reaching the location as quickly and safely as |

ALARM PERMIT APPLICATION

| Owners Statement and Authoriza | ation | | | |
|------------------------------------|---|--|--|--|
| I, | am familiar with the regulations governing an alarm system as | | | |
| stated in Local Law No. 5 of 1990 | of the Town of Cortlandt. | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature of Owner | | | | |
| NOTARY: | | | | |
| Sworn to before me | | | | |
| Thisday of | | | | |
| Notary Public: | | | | |
| | | | | |
| | | | | |
| If Owner is Not The Applicant | | | | |
| | is the owner of the property located at | | | |
| | and has authorized | | | |
| to make the attached Alarm Applica | ation. | | | |
| | | | | |
| | | | | |
| Fee Paid: \$ (Residential \$30 | 0.00) | | | |