

XXXXXX

52 Attachment 2

APPENDIX B
Alarm Permit Application
[Adopted 6-3-1999 by Res. No. 126-99]

PERMIT #: _____

TOWN OF PHILIPSTOWN
CODE ADMINISTRATION & ENFORCEMENT
TOWN HALL, 238 Main Street
COLD SPRING, NEW YORK 10516
(914) 265-3329

ISSUE DATE: _____

ALARM PERMIT APPLICATION

OWNER INFORMATION

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NO: HOME _____ WORK _____

IF EXISTING SYSTEM GIVE PREVIOUS ALARM PERMIT NUMBER: _____

ALARM LOCATION

ADDRESS OF PROTECTED PREMISES: _____
HOUSE NO. (NO PO BOX ACCEPTED) STREET ADDRESS

SECTION: _____ BLOCK: _____ LOT: _____

BUSINESS NAME (IF APPLICABLE): _____

ONE OR TWO FAMILY RESIDENCE RESIDENTIAL APARTMENT
 COMMERCIAL OTHER _____

FIRE DISTRICT _____

AMBULANCE DISTRICT _____

CONTACT PERSONS

NAME: _____ TEL. NO: _____

ADDRESS: _____

NAME: _____ TEL. NO: _____

ADDRESS: _____

ALARM AGENT

XXXXX CODE

NAME: _____ TEL. NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

XXXXXX

EXPIRATION DATE OF NEW YORK STATE LICENSE: _____ LICENSE NO: _____

****ALARM INSTALLERS MUST BE LICENSED BY NEW YORK STATE.****

ADDITIONAL INFORMATION ON REVERSE

ALARM SYSTEM INFORMATION

AUDIBLE DEVICE

BELL SIREN OTHER _____

POWER SOURCE

HOUSE CURRENT BATTERY BACKUP

TYPE OF EMERGENCY SYSTEM IS DESIGNED TO PROTECT (CHECK ALL THAT APPLY)

BURGLARY FIRE PANIC MEDICAL

IF MEDICAL PLEASE DESCRIBE _____

IS SYSTEM MONITORED BY A CENTRAL STATION ALARM COMPANY?

YES NAME _____ PHONE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NO (ALL DIALERS MUST GO TO CENTRAL STATION)

MISCELLANEOUS

DESCRIBE ANY INFORMATION EMERGENCY SERVICES PERSONNEL NEED TO KNOW ABOUT THIS PREMISES

GIVE A COMPLETE AND ACCURATE DESCRIPTION OF HOW TO GET TO THE PROTECTED PREMISES. USE MAIN ROADS, LANDMARKS AND ANY OTHER INFORMATION THAT WILL ASSIST EMERGENCY SERVICES PERSONNEL IN REACHING THE LOCATION AS QUICKLY AND SAFELY AS POSSIBLE.

I, _____ THE _____
owner, agent, etc.

XXXXX CODE

AM FAMILIAR WITH THE REGULATIONS GOVERNING THIS PERMIT FOR AN ALARM SYSTEM AS STATED IN LOCAL
LAW NO. 4 OF 1999 OF THE TOWN OF PHILIPSTOWN

SIGNED

DATE

FOR OFFICE USE ONLY

FEE PAID: \$ _____