

TOWN OF YORKTOWN

APPLICATION FOR ALARM PERMIT

Office Use Only

() RESIDENTIAL FEE: \$30.00

Permit # _____

() COMMERCIAL FEE: \$90.00

Date Issued: _____

Fee Received: \$ _____

Payable to: TOWN OF YORKTOWN

PERMIT EXPIRATION DATE: _____

INSTRUCTIONS: Answer ALL questions completely. Supply any additional information helpful to this application. Errors, misstatement of facts, or omission of facts shall be cause for refusal of permit, or for immediate revocation of Alarm Permit.

NAME OF APPLICANT(S): _____

(Provide full name for each applicant)

ALARMED ADDRESS: _____

PHONE NUMBER OF ALARMED PREMISE: (914) - _____

MAILING ADDRESS (If different from above): _____

OWNER(S) WORK PHONE NUMBER(S): (OR COMMERCIAL APPLICANT OWNERS HOME #)

1) () - _____ NAME: _____

2) () - _____ NAME: _____

SPECIFIC LOCATION OF ALARMED PREMISE: (from nearest cross street in order to assist Police/Fire/EMS in locating the premise)

PARTIES OTHER THAN OWNER(S) WHO CAN BE CONTACTED AND WILL RESPOND TO THE PREMISES WHEN THE ALARM IS ACTIVATED:

1) Name: _____ Phone #: () - _____

2) Name: _____ Phone #: () - _____

3) Name: _____ Phone #: () - _____

(OVER)

THIS IS AN APPLICATION TO INSTALL &/OR MAINTAIN THE FOLLOWING SYSTEM(S) :

() Burglar; () Panic/Hold Up; () Fire Alarm

CALLS MUST IDENTIFY TYPE OF EMERGENCY)

WHICH OF THE FOLLOWING FEATURES IS YOUR SYSTEM EQUIPPED WITH'

- Intrusion Detectors;
- Panic Button;
- Outside Audible, to automatically reset in 15 minutes or less;
- Smoke or Fire Detectors (Exempt from this Law if designed to alert ONLY the occupants of the premises where maintained).

THIS SYSTEM WILL BE:

- Connected to the following Central Monitoring Alarm Company:

NAME: _____

PHONE # for 24 hour contact () - _____

- Not connected to a Central Monitoring Alarm Company

INDICATE THE NAME OF THE INDIVIDUAL OR COMPANY INSTALLING OR MODIFYING YOUR ALARM SYSTEM:

NAME: _____

PHONE: () - _____

NYS Dept. of State License # _____

NOTICE: Pursuant to the penal law of the State of New York, Section 210.45, it is a crime punishable as a Class "A" Misdemeanor to knowingly make a false statement herein.

The applicant is required to notify the **Building Inspector** of any changes in the Alarm System no less than ten (10) days prior to any changes.

I, the below named applicant, certify that the foregoing information is true. In consideration for the issuance of a permit hereunder, applicant hereby agrees to hold the Town of Yorktown harmless from any liability arising out of the operation of the alarm system described herein, or the operations of any equipment to which the system is connected, either from acts of commission or omission.

Signature _____

******* AUTHORIZATION FOR PANIC ALARM SYSTEM ONLY *******

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In order to insure the safety of the persons or property within the described building, the below named applicant

authorizes the Yorktown Police Department to effect entry into the described premises by whatever means necessary.

The applicant is responsible for the posting of the proper street address at the premises. **NUMBERS SHOULD BE AT LEAST THREE INCHES IN HEIGHT.**

DATE: _____ SIGNED: _____
(Applicant(s))

RETURN COMPLETED APPLICATION AND CHECK TO:

**TOWN OF YORKTOWN BUILDING DEPARTMENT
363 Underhill Avenue
P.O. Box 703
Yorktown Heights, New York 10598**

Town Hall (914) 962-5722 Ext. 259