

B. General Regulations

§10-111. Permit Required; Fee.

1. No person, property owner or member of any firm or corporation shall install, connect or tie into any alarm without first, and before installation is started, submitting the required fees and securing a permit from the Borough.

2. No permit shall be issued without the payment of a permit fee in an amount as established from time to time by resolution of the Borough Council. [*Ord. 3-2005*]

3. No permit shall be transferable and it shall expire when ownership or occupancy of a residence, business or other building changes. The new owner or occupant shall apply for a new permit and submit therewith a permit fee of an amount as established from time to time by resolution of the Borough Council within 30 days of the expiration of a change in ownership or occupancy. [*Ord. 3-2005*]

(*Ord. 4-1984, 10/15/1984; as amended by Ord. 5-1992, 10/12/1992; and by Ord. 3-2005, 10/10/2005*)

§10-112. Inspection.

When the alarm installation is complete, it shall not be activated into service until it has been inspected and approved by the Chief of Police or Fire Chief, or both, depending upon the appropriate agency. The property owner or person in control of the property and the alarm installer must be available at the time of inspection.

(*Ord. 4-1984, 10/15/1984*)

§10-113. Recorded Messages.

Recorded messages must be intelligible and in a format approved by the Chief of the appropriate agency, Police and/or Fire Departments.

(*Ord. 4-1984, 10/15/1984*)

§10-114. Compliance With County Regulations Required.

In addition to the permits and inspections required by the Borough, all person(s), companies or corporations must comply with all regulations, permits or fees required by Lackawanna County for the installation of any alarm which, by telephone or other means, transmits a signal to the communication center requesting Borough police, fire or other emergency services to be dispatched to the scene of an emergency.

(*Ord. 4-1984, 10/15/1984*)

§10-115. Testing.

No person shall conduct any test or demonstration of an alarm without first obtaining permission from the Chief of the appropriate agency, Police and/or Fire Departments. Where the equipment is relayed through an intermediary, no such permission is necessary unless the alarm or signal is to be relayed to the Police or Fire Department.

(*Ord. 4-1984, 10/15/1984*)

§10-116. Audible Alarm Timing.

All audible alarms must be equipped with a timing mechanism that will disengage the audible alarm after a maximum period of 15 minutes. Audible alarms without such a timing mechanism shall be unlawful in the Borough and must be either modified to conform to the regulation set forth or must be disconnected within 90 days from the effective date of this Part.

(Ord. 4-1984, 10/15/1984)

§10-117. Prior Alarm Installations to Comply.

All persons, companies or corporations within the Borough who have alarm systems which were installed prior to the enactment of this Part shall, within 90 days of the effective date, provide the appropriate agency, Police and/or Fire Departments, with information as to the type of alarm, the name of the person(s), company or corporation who did the installation and the name of person(s), company or corporation providing maintenance service.

(Ord. 4-1984, 10/15/1984)

§10-118. Emergency Listing.

All person(s), companies or corporations having control over properties in the Borough where alarms are installed and in service shall provide to the appropriate agency, Police and/or Fire Departments, a list of person(s) who will be available to respond to the alarm location for the purpose of shutting off or resetting the alarm.

(Ord. 4-1984, 10/15/1984)

§10-119. Direct Alarm Connections to Police Department Prohibited.

No person(s), property owner, company or corporation shall install any alarm directly to any telephone trunk lines which have been installed to service the Borough Municipal Building and/or Police Department.

(Ord. 4-1984, 10/15/1984)

§10-120. Direct Alarm Connections to Fire Department; Fee.

1. No person(s), property owner, company or corporation shall install any alarm directly to the Clarks Green Municipal Building through the telephone or other means without first, and in addition to the permit required, obtaining a written agreement from the Fire Department to do so.

2. In addition to all penalties or fees described in Part 1C of this Chapter, all person(s), property owners, companies or corporations who enter into a written agreement with the Fire Department for direct alarm installation shall hereby be responsible for all installation, maintenance and removal costs of all equipment required, and in addition, shall submit to the Fire Department an annual fee in an amount as established from time to time by resolution of the Borough Council to be paid within the first 30 days of each calendar year. *[Ord. 3-2005]*

(Ord. 4-1984, 10/15/1984; as amended by Ord. 3-2005, 10/10/2005)

§10-121. Police and Emergency Service Annual Fee.

In addition to all penalties or fees described in Part 1C of this Chapter, any person(s), property owners, companies or corporations who install any direct-dial or other alarm system directly to the Lackawanna County Communications Center, which shall result in the Borough Police Department being dispatched to answer said alarm, shall pay an annual fee in an amount as established from time to time by the Borough Council to Clarks Green Borough for individual residences and for firms, companies and corporations, to be paid within the first 30 days of each calendar year.

(Ord. 4-1984, 10/15/1984; as amended by Ord. 3-2005, 10/10/2005)

Fee Resolution

Subject	Permit Fees
Basic Zoning Permit	\$50 plus \$5 per thousand of estimated value. After completion, certified cost of construction will be provided by applicant.* *Certified cost of construction will be provided by the applicant and confirmed by the Zoning Officer. Zoning Officer may bill for extra time.
Conditional Use Application	\$600 with a refundable balance, for a public hearing and related costs exclusive of professional and attorney's fees if required. Costs exceeding the basic fee shall be paid as a condition of approval whether or not stated at the meeting as such.
Certificate of Use	a. Following new construction \$15 b. New use or a change of use \$35
Street Excavation Permit	\$50 for the first square yard of the surface of any street excavation and \$10 for each additional square yard or fraction thereof.
Certificate of Non-conformance	\$50
Sign Permits	a. Sign having dimensions of 4 square feet or less \$35 b. Larger than 4 feet square \$50
Sewer Connection Permit	\$500
Alarm System Permit	\$25
Direct Alarm Connections to Fire Department	\$150
Direct Alarm Service Fee Annual	Individual Residence \$50 Firms, Companies, Corporations \$150
UCC Administration Surcharge	10% of permit fees
ZONING AMENDMENTS AND ZONING HEARING BOARD MATTERS	
Request for Zoning Amendment and Curative Amendment	\$700 for public hearing and related costs. Any professional costs incurred for the review shall be paid as a condition of approval.
Zoning Hearing Board Matters	\$600 with a refundable balance. Costs related hearing, including advertising, stenographer, attorney fees, Zoning Officer's hourly rates and other costs will be determined. If such costs are less than \$600 refund will be made, if greater than \$600 applicant will pay excess.
Continuance of a Zoning Hearing	\$350

REVIEW FEE DEPOSITS

**APPLICATION
 FOR
 ALARM SYSTEM PERMIT**
 Centre Region Code Administration
 2643 Gateway Drive, Suite #2
 State College, PA 16801
 (814) 231-3056

The Emergency Alarm Ordinance requires that each person who is responsible for their alarm system/s (fire, medical, burglar, etc.) obtain and post on the premise an Alarm System Permit within the Townships of College, Ferguson, Patton and the Borough of State College. The permit is issued one time and becomes a permanent permit. The owner of the alarm system is required to notify the Centre Region Code Administration Agency of any changes as recorded in this application. The permit becomes null and void upon the change of ownership.
THE PERMIT IS REQUIRED TO BE DISPLAYED UPON THE PREMISES.

LOCATION

Property Address: _____
 Name of Business (if applicable): _____
 Tax Parcel Number: _____ Municipality: _____

OWNER OR TENANT

Name of Owner or Tenant: _____
 Telephone Number(s): _____

ALARM SYSTEM(S)	Name of Maintenance Co.	Address	Telephone #
1. Fire	_____	_____	_____
2. Medical	_____	_____	_____
3. Burglary	_____	_____	_____
4. Utility	_____	_____	_____

EMERGENCY NUMBER

Alternate Contact Persons and Emergency Telephone Numbers (minimum of two required)

1. _____
2. _____

AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the premises to apply for an alarm system permit in accordance with all provisions of the Emergency Alarm Ordinance and any applicable laws of this jurisdiction.

Signature of owner/authorized agent

Application date


 Permit Number: _____ Date: _____

**PLAINS TOWNSHIP
LUZERNE COUNTY, PENNSYLVANIA
BURGLAR ALARM APPLICATION AND PERMIT**

In compliance with Plains Township Ordinance dated ^{5/14/98}~~4/14/88~~, I am making application for a Burglar Alarm Permit. ₂₋₁₉₉₈

A. LOCATION:

Name _____

Address _____

Phone Number _____

B. OWNER / APPLICANT

Name _____

Address _____

Phone Number _____

You must list the names, addresses and telephone numbers of at least two (2) persons who are authorized to respond to an emergency and gain access to the address where the device is installed:

PERSON 1

Name _____

Address _____

Phone Number _____

PERSON 2

Name _____

Address _____

Phone Number _____

C. ALARM SUPPLIER _____

D. TYPE OF ALARM _____

SECTION D OF THE BURGLAR ALARM ORDINANCE STATES THAT YOU MUST NOTIFY THE PLAINS TOWNSHIP POLICE DEPARTMENT WHEN YOUR ALARM IS MADE OPERATIONAL.

SECTION O - covers penalties and remedies for violation.

By affixing my signature below, I acknowledge that I have received a copy of Burglar Alarm Ordinance dated ~~April 14, 1988~~.

May 14, 1998

Signature of Applicant/Owner

Permit _____ Date Issued _____ Fee _____ New _____ Existing _____

This permit was issued by _____

Name

Title

DALLAS BOROUGH
25 MAIN ST
DALLAS, PA 18612

ALARM SYSTEM REGISTRATION/PERMIT

Owner's Name: _____

Home Phone: _____

Location: _____

Emergency No.: _____

Alarm System Maintained By: _____
(Name of Company)

(Address)

Type of Alarm System: Burglar _____
Fire _____
Medical _____
Other (name) _____

Installation Date: _____
Installation Date: _____
Installation Date: _____
Installation Date: _____

Emergency Contact Information:
(Key Holders typically able to respond within 15 minutes if needed)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Service Charge for Multiple False Alarms: Should any burglar, medical, and/or fire alarm system herein described cause more than two (2) false alarms, whether by reason or malfunction of said system or other reason, to occur during any consecutive twelve (12) month period, then a service charge shall be levied against the owner or occupier of the premises in or upon which such system is installed for each and every false alarm occurring more than two (2) times during such a twelve (12) month period.

- Burglar Alarm – Fifty dollars (\$50.00) per occurrence
- Medical Emergency Alarm – Seventy-five dollars (\$75.00) per occurrence
- Fire Alarms – One hundred dollars (\$100.00) per occurrence

Any fees or service charges due, shall be the responsibility of and payable by the owner or occupier of the premises upon which such alarm system is installed, whether individual, establishment, partnership, corporation, entity or concern, within thirty (30) days from the receipt of billing therefore by the Borough, and shall thereafter be collected by appropriate legal action as permitted by law.

PERMIT FEE: \$ 0.00
\$50.00

For Systems Installed Prior to May 24, 2010
For Systems Installed On or After May 24, 2010

Signature of Registrant: _____

Date of Registration: _____

Received by at Dallas Borough: _____

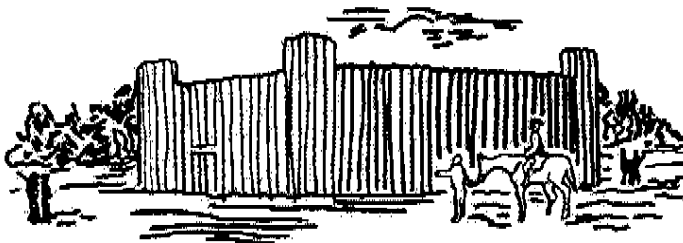
Payment Received: _____

Date Processed: _____

cc: Dallas Borough Police Department _____
Dallas Fire & Ambulance _____

Return completed form to:

Forty Fort Borough
Attn: Thomas Craig
1271 Wyoming Ave.
Forty Fort, PA 18704



Alarm User Registration

1. User's Name _____

2. Address of Alarm System _____

3. Alarm User's Telephone _____

4. Type of Alarm System _____

5. Alarm Equipment Supplier/Installer/Monitor/Inspector/Responder/Maintainer:

6. Central Station Protective System _____

7. Name of 2 contacts and phone numbers of who may respond at any time to respond and open premises:

A. _____

B. _____

8. Additional Information _____

Signature of Registrant _____

Date of Registration _____

- Office Use Only -

Date Received _____

Date Entered _____

Name of Entrant _____

Notes _____

TOWNSHIP OF JENKINS LUZERNE COUNTY, PENNSYLVANIA BURGLAR/FIRE ALARM APPLICATION

In compliance with Jenkins Township Ordinance dated 9/12/04, I am making application for a Burglar/Fire Alarm Permit.

A. LOCATION:

Name _____
Address _____
Phone Number _____

B. OWNER/APPLICANT:

Name _____
Address _____
Phone Number _____

You must list the names, addresses and telephone numbers of at least two (2) persons who are authorized to respond to an emergency and gain access to the address where the device is installed.

PERSON 1

Name _____
Address _____
Phone Number _____

PERSON 2

Name _____
Address _____
Phone Number _____

C. ALARM SUPPLIER/MONITOR:

Phone Number: _____

D. TYPE OF ALARM: (check all that apply)

Burglar _____ Fire _____
Central Monitor _____ Autodial _____ Other _____

JENKINS TOWNSHIP BURGLAR/FIRE ALARM ORDINANCE STATES THAT YOU MUST NOTIFY JENKINS TOWNSHIP WHEN YOUR ALARM IS MADE OPERATIONAL. SECTION 3 COVERS PENALTIES AND REMEDIES FOR VIOLATION.

By affixing my signature below, I acknowledge that I have received a copy of Burglar/Fire Alarm Ordinance dated September 12, 1994.

PERMIT

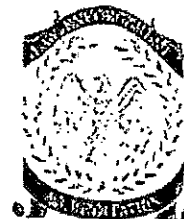
Date Issued: _____ Fee: _____ New: _____ Renewal: _____
Issued by: _____

Signature of Applicant/Owner

White-Original Yellow-Township Copy Pink-Applicant Copy



PLEASE RETURN TO:
Lower Allen Township Police Department
2233 Gettysburg Rd.
Camp Hill, PA 17011
717-975-7575
FAX: 717-761-4835



ALARM APPLICATION

FILE No.: _____

USER OF ALARM: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACTS:

1. NAME: _____ HOME PHONE: () _____

ADDRESS: _____ CELL PHONE: () _____

2. NAME: _____ HOME PHONE: () _____

ADDRESS: _____ CELL PHONE: () _____

ALARM TYPE:

BURGLAR ___ FIRE ___ HOLD-UP ___ PANIC ___ MEDICAL ___ OTHER ___
IF OTHER, PLEASE SPECIFY: _____

COMMUNICATION TYPE:

CENTRAL STATION ___ TAPE DIALER ___ LOCAL SOUNDING ___ OTHER ___
IF OTHER, SPECIFY: _____
DURATION OF AUDIBLE ALARM _____

SPECIAL INFORMATION: (Guard on site, dogs in building, etc.)

ALARM SUPPLIER:

SUPPLIER NAME: _____

ADDRESS: _____

PHONE (DAY): _____ PHONE (NIGHT): _____

PROCESSING INFORMATION

SUPPLIER'S LICENSE:

NAME: _____

\$50 FEE: _____ EXPIRATION DATE: _____

24/7 SERVICE: YES ___ NO ___

INSURANCE LIABILITY CERTIFICATE (\$3000,000): _____

ALARM USER PERMIT:

NAME OF OWNER, TENANT OR AGENT FOR THE PROPERTY:

CHECK ONE:

\$25 FEE: _____ EXEMPT FOR 65 YEARS & OLDER: _____

**COMPLETED APPLICATION AND CHECK MADE PAYABLE TO LOWER ALLEN
TOWNSHIP MAY BE MAILED IN THE ENCLOSED SELF-ADDRESSED STAMPED
ENVELOPE.**

SIGNATURE: _____ DATE: _____

**SIGNING OF THIS APPLICATION INDICATED ACCEPTANCE TO THE TERMS
AND CONDITIONS UNDER LOWER ALLEN TOWNSHIP CODES CHAPTER 61,
ALARMS.**

AUTOMATIC ALARM SYSTEM REGISTRATION

MANCHESTER TOWNSHIP
3200 FARMTRAIL ROAD
YORK, PA 17402-9699
Telephone: (717) 764-4646 Fax: (717) 767-1400

OFFICE USE ONLY	
Permit #	_____
Fee	_____
Copy to:	FIRE POLICE
Date	_____ By _____

ALARM SYSTEM USER INFORMATION

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

USE OF BUILDING: (Circle one) Residential Commercial Industrial Other

PROPERTY OWNER INFORMATION
(if different from user)

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

TAX MAP _____ PARCEL _____

ALARM INFORMATION

(Circle one)

Type of Alarm System:	AUDIBLE ONLY	SILENT ONLY	COMBINED
Alarm System Designed to Register:	BURGLARY	ROBBERY	FIRE OTHER
Alarm Signal Transmitted By:	AUDIBLE TAPE	DIALER DIGITAL	DIALER LEASED LINES

OTHER THAN AUDIBLES ONLY, WHERE IS INITIAL ALARM SIGNAL RECEIVED?

MONITORING AGENCY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CONTACT PERSON _____

DATE ALARM SYSTEM ORIGINALLY INSTALLED _____

INSTALLED BY (COMPANY NAME) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

I/We the alarm system installer, hereby certify that the alarm system has been installed in compliance with the provisions of Manchester Township Ordinance #88-06.

_____ Date _____ Alarm System Installer Signature

ALARM COMPANY SERVICING YOUR SYSTEM: Same as Above (If other than installer, please list)

COMPANY NAME _____

STREET ADDRESS _____

List individuals who can be contacted to deactivate alarm signal (key holders), if need would arise. Please list in order to be called:

#1 Name _____ Phone # _____

Address _____

#2 Name _____ Phone # _____

Address _____

#3 Name _____ Phone # _____

Address _____

PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION

I/We fully understand that the obligation for maintenance, repair, and upkeep of the alarm system shall be the full responsibility of the person who shall have control of the building, structure or facility where the alarm system is located.

I/We fully understand that it shall be unlawful to test or work on the automatic fire alarm system without prior notification of the Manchester Township Fire Chief, violation of which may subject user to criminal penalty.

I/We fully understand that this application can be disapproved and permit denied, or subsequently issued permit can be suspended or revoked for any of the following reasons:

1. The applicant does not agree to comply or fails to comply with the requirements of Manchester Township Ordinance #88-06 as amended, and/or rules and regulations adopted pursuant to the ordinance; or
2. The applicant has knowingly made any false, misleading, or fraudulent statement of a material fact in the application or in any report or record required to be filed with the Township; or
3. The applicant has had a similar type permit previously revoked for good cause in the past unless the applicant can show a material change in the circumstances since the date of revocation.
4. Where an Automatic Alarm System actuates false alarms in excess of the number approved in the rules and regulations adopted to administer and enforce the ordinance.

I/We certify that I/we have read the "Manchester Township Automatic Alarm System Ordinance" and that I/we further certify that the information contained within this application is true and correct.

Date

Alarm System User Signature

Alarm System User Typed or Printed Name

NANTICOKE CITY POLICE DEPARTMENT

NANTICOKE, PENNSYLVANIA

ALARM SYSTEM REGISTRATION FORM

Name of Alarm Owner _____

Address of Alarm Owner _____

City _____ State _____ Zip Code _____

Phone Number of Alarm Owner _____

Alarm Location _____

Phone Number of Alarm Location _____

Type of Building: Residential _____ Commercial _____ Industrial _____

Type of Alarm: Hold up _____ Burglar _____ Fire _____

Silent Alarm (yes/no) _____ Audible Alarm (yes/no) _____

Installation Company _____

Contact Persons:

	Name	Phone Number
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Borough Of Palmyra ALARM SYSTEM INFORMATION

ALARM LOCATION: _____	TEL.#: () -
-----------------------	--------------------

TYPE OF ALARM: (Please list all alarms that are integrated or interrelated on the same alarm system)	
<input type="checkbox"/> BURGLARY <input type="checkbox"/> FIRE <input type="checkbox"/> MEDICAL <input type="checkbox"/> ROBBERY <input type="checkbox"/> OTHER _____	
ALARM SUPPLIER: _____	
ADDRESS: _____	
TEL.#: () -	

OWNER/USER OF ALARM: _____	
ADDRESS: _____	
TEL.#: () -	

EMERGENCY CONTACT LIST: (Listing of at least two (2) other persons or firms who are authorized and would respond to an emergency to gain access to the address where the device is installed and neutralize the alarm)

	<u>NAME</u>	<u>ADDRESS</u>	<u>TEL.#</u>
1.	_____	_____	() -
2.	_____	_____	() -
3.	_____	_____	() -
4.	_____	_____	() -

OTHER CONTACT LIST: (Listing of any person, firm, or corporation, if any, OTHER THAN THE ALARM SUPPLIER, who is responsible for maintenance and repair of the system.)

	<u>NAME</u>	<u>ADDRESS</u>	<u>TEL.#</u>
1.	_____	_____	() -
2.	_____	_____	() -
3.	_____	_____	() -
4.	_____	_____	() -

alarm.inf B/4/94

COPY

KINGSTON TOWNSHIP
180 EAST CENTER STREET
SHAVERTOWN, PA 18708

FILE NO. _____

ALARM SYSTEM REGISTRATION/PERMIT
Chapter 13, Part 4, Section 406

COPY

Owner's Name: _____ Home Phone: _____

Location: _____ Emergency No.: _____

Alarm System Maintained By: _____

(Name of Company)

(Address)

Type of Alarm System: Burglar _____ Fire _____ Other _____

(Please Specify)

Emergency Phone Numbers (Employees or Individuals who have access to property and Alarm System Controls)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Service Charge for Multiple False Alarms: Should any burglar and/or fire alarm system herein described cause more than two (2) false alarms, whether by reason or malfunction of said system or other reason, to occur during any twelve (12) month period, then a service charge shall be levied against the owner or occupier of the premises in or upon which such system is installed for each and every false alarm occurring more than two (2) times during such a twelve (12) month period.

The Service Charge imposed is:

- A. Burglar Alarm – Fifty dollars (\$50.00) per occurrence
- B. Fire Alarms – Seventy-five dollars (\$75.00) per occurrence

Any fees or service charges due, shall be the responsibility of and payable by the owner or occupier of the premises upon which such alarm system is installed, whether individual, establishment, partnership, corporation, entity or concern, within thirty (30) days from the receipt of billing therefore by the Township Secretary, and shall thereafter be collected by appropriate legal action as permitted by law.

PERMIT FEE: \$50.00

Signature of Registrant: _____ Check: No.: _____ Amount: _____

Date of Registration: _____ Received By: _____

cc: K.T. Police Department, Trucksville Fire Department, Shavertown Fire Department

COPY



Department of Code Compliance

1840 Municipal Drive · Lancaster, PA 17601-4162
 (717) 569-6406 Ext. 6 Fax (717) 560-4183

PA Home Improvement
 Contractor's Registration No.

RESIDENTIAL FIRE ALARM PERMIT

Please use ball point pen and press hard!

Date: _____

Permit Number: _____

PROPERTY OWNER'S NAME	PHONE NO.	"I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and I agree to conform to all Manheim Township Ordinances as well as all statutes and regulations of the Commonwealth of Pennsylvania, including compliance with and assuring compliance by all contractors and sub-contractors with the Pennsylvania Workers' Compensation Reform Act of 1993." _____ <i>Signature of Property Owner or Authorized Agent (Permit Applicant)</i> _____ <i>Printed Name of Property Owner or Authorized Agent (Permit Applicant)</i>
ADDRESS (NO P.O. BOXES)		
CITY	STATE ZIP CODE	
CONTRACTOR'S NAME	PHONE NO. FAX NO.	
ADDRESS (NO P.O. BOXES)		
CITY	STATE ZIP CODE	
PROJECT CONTACT PERSON NAME & PHONE NUMBER		
TENANT'S NAME (IF DIFFERENT THAN PROPERTY OWNER)	PHONE NO.	
PROJECT LOCATION (NO LOT #'S)		

EQUIPMENT AND DEVICES TO BE INSTALLED

- 12 or 24 Volt System
- Fire Alarm Control Panel
- 110 Volt System
- Smoke Detectors (No.) _____
- Heat Detectors (No.) _____
- Notification Appliances (No.) _____

Equipment, Devices & Labor Dollar Value \$ _____

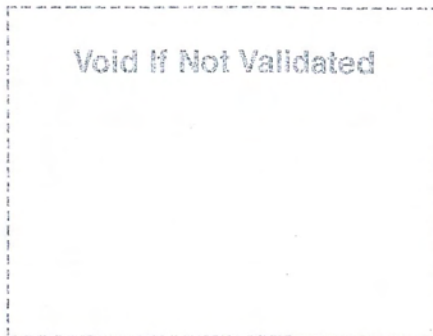
- Smoke detectors shall be installed in each bedroom, in the immediate vicinity of the bedrooms and on each additional story including the basement.
- Each smoke detector shall cause the operation of an alarm that provides a minimum sound pressure level of 70 decibels in each bedroom, and on each additional story including the basement.
- **Permit Applicant is required to make arrangements for and obtain a pre-installation inspection with a Code Official at the time of making application.**
- **Permit Applicant is required to schedule a final acceptance inspection/test with a Code Official within seven days of system installation. This inspection/test must be witnessed and approved by the Code Official.**
- Fire alarm systems that transmit a fire alarm signal off premise shall be installed by a Licensed Fire Alarm Contractor with Manheim Township.
- **All equipment, devices and wiring shall be UL listed and installed in accordance with their listing.**
- Any equipment and device changes or additions required by Manheim Township for compliance with the code is the responsibility of the Permit Applicant.

BELOW FOR TOWNSHIP USE ONLY

 SIGNATURE OF PERMIT CLERK

FEE PAID \$ _____ CASH CHECK NO.

PRELIMINARY INSPECTION: Code Official _____ Date & Time _____ FINAL INSPECTION APPROVAL: Code Official _____ Date _____ COMMENTS: _____ _____
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RESOLUTION 2010 – 81

RESOLUTION by the Board of Commissioners of the Township of Manheim, Lancaster County, Pennsylvania establishing the Township's comprehensive schedule of fees and charges for services in 2011 for the following areas:

1. Subdivision/Land Development/Planning & Zoning/Storm Water Management Fees Schedule
2. **Building Code Permits and Related Fees**
3. Park and Recreation Fee Schedule
4. Community Events/ The Barn Fee Schedule
5. Manheim Township Public Library Fees and Charges
6. Open Records Fees and Township Publications
7. Tax Collection Charges by Manheim Township Treasurer
8. Public Works - Recycling/Composting Fees
9. Overlook Golf Course Rates and Packages
10. Other Township Fees and Charges

WHEREAS: all Resolutions and Fee Schedules inconsistent herewith are hereby repealed effective on January 1, 2011.

WHEREAS: this Resolution does not amend or adjust fees duly adopted by the Township Board of Commissioners under specific Ordinance requirements.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of the Township of Manheim, Lancaster County, Pennsylvania, hereby amends and adopts the schedule of fees, charges and expenses as outlined on the attached schedules to be effective on January 1, 2011.

WORK CLASSIFICATION**FEE**

Spas and Hot Tubs

\$150

Demolition

\$100 each structure

Residential Fire Alarm System**\$100**

Re-Roofing

\$100

**NON-RESIDENTIAL BUILDING PERMITS
(Occupancies regulated under the IBC)****New Construction and Additions:**Industrial, Commercial, Religious, Educational
(Includes all construction, plumbing, mechanical, electrical, fire
protection systems work)\$0.60 per square foot (Minimum fee
of \$150)**Remodeling/Alterations and Tenant Build-outs**(Includes all construction, plumbing, mechanical, electrical, fire
protection systems work)**Project Dollar Value (materials and labor – fair market value)**

\$300 to \$4,999.99

\$250

\$5,000 to \$14,999.99

\$300

\$15,000 and above

\$400 plus \$5.00 for each additional
\$1,000 (rounded up to the nearest
\$1,000)

Decks / Exterior Ramps

\$0.20 per square foot (Minimum fee
of \$150)

Canopies (Open sided drive thru, shelters and pavilions)

\$0.30 per square foot (Minimum fee
of \$150)

Awnings

\$100 each awning

Swimming Pools

\$400 each

Spas and Hot Tubs

\$200 each

Accessory Structure – Site Built

\$0.20 per square foot (Minimum fee
of \$150)

Accessory Structure – Pre-fabricated

\$150 each structure

Demolition

\$150 each structure

Re-Roofing

\$250

Kitchen Exhaust, and Pre-Engineered Fire Suppression Systems

\$150

Fire Alarm Systems

\$250

Fire Sprinkler Systems

\$300

Make checks payable and send to:
MANHEIM TOWNSHIP POLICE DEPARTMENT
1825 Municipal Drive, Lancaster, PA 17601

For Dept use only

G. P. expires _____

Date Issued: _____

Permit # _____

SECURITY ALARM USER — REGULAR PERMIT APPLICATION

(Not for Fire Alarm use; contact the Manheim Twp. Code Compliance Dept. at 569-6406, ext 63.)

PERMIT FEE \$5.00

(Send with Application)

Date of Application: _____ Date of Installation: _____

Type of Facility: Residential Business Government

Purpose of Application: New Applicant
 Renewal of current Permit

RESIDENTIAL APPLICANTS (Complete this section)

Name: Last _____ First _____ Middle Int. _____

Home Address _____

City _____ State _____ ZIP Code _____

Telephone No. Home _____ Work _____

If Head of Household is 65 or older, list birth date _____ (Exempt from fee payment)

NON RESIDENTIAL/BUSINESS APPLICANTS (Complete this section)

Business Name: _____ Phone No. _____

Street Address _____ City _____ State _____ ZIP _____

Owner/Manager (on-site): Name _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone (_____) _____

ALARM INFORMATION (To be completed by installer on new application)

Alarm System Designed to Register: Burglary Robbery (Hold-up)

Type Alarm System: (check only one) Only Audible
 Silent (on location) **PLUS**
 Audible **PLUS**

PLUS – How is alarm signal transmitted?

Tape Dialer
 Digital
 Radio Frequency
 Leased Telephone Lines

NO PERMIT WILL BE ISSUED UNLESS YOUR ALARM COMPLIES WITH RULES AND REGULATIONS:

(Audible Alarm) Must Have Disengage Timer on Audible Signal: Yes No (Maximum 30 minutes running time)

ALARM COMPANY INFORMATION:

Salesperson's Name: _____

Date Alarm System Originally Installed _____

Installed By: Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: Area Code _____ - _____

Other than *Audibles ONLY*, where is *initial* alarm signal received:

Monitoring Agency: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: Area Code _____ - _____

CONTACT PERSONS — KEY HOLDERS AUTHORIZED TO RESPOND TO ALARM ACTIVATIONS:

Please Duplicate NAME or BUSINESS for whom this application is for:
(Residential — Last Name First)

NAME: _____

STREET ADDRESS: _____

List individuals who can be contacted to deactivate alarm signal (key holders), if need would arise. Please list in order to be called:

- #1 — Name _____ Telephone No. _____
- #2 — Name _____ Telephone No. _____
- #3 — Name _____ Telephone No. _____
- #4 — Name _____ Telephone No. _____

APPLICANT(S) MUST SIGN THIS PORTION:

I/We fully understand that this application can be disapproved and permit denied, or subsequently issued permit can be suspended or revoked for any of the following reasons:

- (1) The applicant does not agree to comply or fails to comply with the requirements of the ordinance and/or rules and regulations adopted pursuant to the ordinance; or
- (2) The applicant has knowingly made any false, misleading, or fraudulent statement of a material fact in the application or in any report or record required to be filed with the Township; or
- (3) The applicant fails to notify the police department in writing within ten (10) days of any changes in the application currently on file; or
- (4) **Where an Automatic Protection Device (alarm system) actuates four (4) false alarms within a twelve (12) month period; or**
- (5) **The applicant fails to pay the Response Assessment Fee within five (5) working days following receipt of the written notice of a false alarm; or**
- (6) The applicant fails to pay any other fees, fines, costs or other charges owed, which were related to any previously issued permit; or
- (7) The applicant has had a similar type permit previously revoked for good cause in the past unless the applicant can show a material change in the circumstances since the date of revocation through acceptable conduct under an Interim Permit.

I/We certify that all information contained within this application has been reviewed and the information completed by the applicant is true and correct.

Signature of: _____
RESIDENTIAL APPLICANT

OR _____
BUSINESS OWNER OR ON-SITE MANAGER

NOTE: This application is NOT to be signed by Alarm Co. personnel.

This signature normally should be made by the person who completed the front page as the applicant.

FOR DEPARTMENT USE ONLY	Date Received
Application Received By: _____ Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No/Exempt Amount Paid: _____ Payment Form: <input type="checkbox"/> Cash <input type="checkbox"/> Check Fee Receipt No. _____	
Application Processed By: _____ Date Processed: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved — By: _____ Date: _____ (Approved — Complete face of application.) (Disapproved — Document reason(s) and notification made to applicant.)	

SOUTH ABINGTON TOWNSHIP104 SHADY LANE RD., P.O. BOX 259
CHINCHILLA, PA. 18410**EMERGENCY ALARM PERMIT**

DATE _____

APPLICANT	HOME PHONE	FEE: \$10 CASH <input type="checkbox"/>
ADDRESS		CHECK # _____
MAILING ADDRESS		TYPE OF PROPERTY: BUSINESS <input type="checkbox"/> RESIDENCE <input type="checkbox"/>
ACTUAL DESCRIPTION/LOCATION OF PROPERTY		MANUF. <input type="checkbox"/>
		OTHER _____
EMPLOYER	PHONE	
EMPLOYER	PHONE	

ALARM INFORMATION	INTRUSION <input type="checkbox"/>	FIRE <input type="checkbox"/>	OTHER _____
MANUFACTURER	MODEL		
INSTALLER NAME	ADDRESS	PHONE	
FIRM/PERSON RESPONSIBLE TO MAINTAIN SYSTEM (INCLUDE ADDRESS)		PHONE	
LIST 2 PERSONS OTHER THAN YOURSELF OR THE ALARM COMPANY, WHO WILL BE AVAILABLE TO RE-SET ALARM		PHONE	
		PHONE	

DESCRIBE BRIEFLY / OPERATION OF ALARM:

EXACT WORDING OF TAPED MESSAGE (IF APPLICABLE):

WILL ALARM BE CONNECTED DIRECT OR BY TELEPHONE TO:	COM-CENTER <input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE	FIRE DEPT. <input type="checkbox"/> DIRECT <input type="checkbox"/> TELEPHONE
---	--	--

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that intentionally providing false information may result in charges being filed and service terminated.

Signature of Applicant

INSPECTED BY: <input type="checkbox"/> POLICE DEPT.	SIGNATURE OF OFFICIAL	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> FIRE DEPT.	SIGNATURE OF OFFICIAL	DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

REMARKS:

**SPRINGETTSBURY TOWNSHIP POLICE DEPARTMENT
ALARM REGISTRATION FORM**



NEW Alarm (\$25)
 Renewal (\$15)

CHECK ALL BOXES THAT APPLY: (AT LEAST ONE BOX MUST BE CHECKED)

BURGLAR/HOLDUP

FIRE

EMS

NOTICE: IN ORDER TO BE PROCESSED, THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, AND THE APPROPRIATE REGISTRATION FEE MUST BE ATTACHED.

TYPE OF ALARM:

RESIDENTIAL

COMMERCIAL

Residential/Business Name: _____ Phone _____

Full Street Address: _____

Owner's Name: _____ Home Phone _____

Owner's Full Mailing Address _____

**Local Manager's Name _____ Home Phone _____

Local Manager's Full Address _____

**** COMMERCIAL/BUSINESS LOCAL MANAGER'S NAME/ADDRESS/PHONE MUST BE COMPLETED. IF AN ALARM VIOLATION OCCURS, THIS PERSON IS CONSIDERED THE RESPONSIBLE PARTY, AND HE OR SHE WILL BE HELD CRIMINALLY RESPONSIBLE IN THE EVENT FALSE ALARM CITATIONS ARE FILED. IF THIS PERSON CHANGES DURING THE YEAR, THE POLICE DEPARTMENT MUST BE NOTIFIED OF THE CHANGE WITHIN TEN (10) BUSINESS DAYS.**

ALARM SERVICING COMPANY: _____

Springettsbury Township Police and Fire Departments are responsible for the protection of the general public, and therefore, respond to individual alarm systems as permitted by available manpower at the time of any alarm. Excessive false or unnecessary alarms may result in reduced response priority to your individual address and will necessitate that penalties be imposed. To facilitate our response, post your street number so that it is clearly visible from the road, and in compliance with Township Ordinance #91-08 relating to posting of street addresses.

It is the alarm users responsibility to use the system properly, and to keep it in good working condition. Have your system inspected and serviced regularly by qualified technicians. Report any system problem promptly to your alarm servicing company. All system batteries, especially the main back up battery, must be replaced in a timely manner as required.

PREVENT FALSE ALARMS: Before arming your system, (1) check (everytime) that all protected doors and windows are closed and secure, (2) check (everytime) that motion sensor areas are clear of moving objects such as hanging signs or helium balloons, and (3) if you are unable to disarm your system, wait a few seconds before trying again. Ask your alarm company for specific instructions regarding your alarm system, (4) all potential system users, such as relatives, housekeepers, cleaning services, etc., should be regularly trained in the proper use of your systems.

NOTE: RETURN THE WHITE AND YELLOW COPIES (RETAIN THE PINK COPY FOR YOUR RECORDS) ALONG WITH A CHECK OR MONEY ORDER MADE PAYABLE TO "SPRINGETTSBURY TOWNSHIP".

NO RECEIPTS WILL BE ISSUED! YOUR CANCELLED CHECK, OR YOUR MONEY ORDER STUB WILL BE YOUR RECEIPT.

PERSON COMPLETING THIS FORM, PRINTED NAME: _____

DATE COMPLETED _____ **SIGNED NAME:** _____

White Copy - Police Dept.

Yellow Copy - Fire Dept.

Pink Copy - Alarm User

SPRING GARDEN TOWNSHIP
POLICE DEPARTMENT

Date Received: _____
Check # _____
For Office Use Only

ALARM REGISTRATION PERMIT APPLICATION

FOR PRIVATE RESIDENCE		
NAME:		
ADDRESS:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
FOR BUSINESSES		
NAME OF BUSINESS:		
ADDRESS OF BUSINESS:		
OWNER'S NAME & MAILING ADDRESS:		
BUSINESS PHONE:	OWNER'S PHONE:	

- Alarm has been disconnected. (**PLEASE SIGN** bottom of form but **DO NOT** send \$25)
- All information below remains unchanged with the following exceptions:

EMERGENCY RESPONDERS:			
NAME:	HOME PHONE:	WORK PHONE:	KEY HOLDER
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information you would like us to know:

ALARM SERVICE COMPANY	
NAME:	ADDRESS:
PHONE:	
MONITORING CO. (IF DIFFERENT)	
Burglary: ___ Hold-up: ___ Fire: ___ Other: ___	

PREVENT FALSE ALARMS:

- 1) Before arming your system, check (every time) that all protected doors and windows are closed and secured.
- 2) Before arming your system, check (every time) that motion sensor areas are clear of moving objects such as hanging signs or helium balloons.
- 3.) If you are unable to disarm your system, wait a few seconds before trying again. Ask your alarm company for specific instructions regarding your alarm system.
- 4.) All potential system users, such as relatives, housekeepers, cleaning services, etc. should be regularly trained in the proper use of your alarm.

Alarm User Signature: _____ Date: _____

USE & INSTALLATION – EMERGENCY ALARM SYSTEMS
APPLICATION

APPLICANTS NAMES: _____

ADDRESS OF INSTALLATION: _____

APPLICANTS PHONE NUMBER: _____

PERSON(S) NAME AND CONTACT PHONE NUMBER OF KEY HOLDER OR
EMERGENCY CONTACT: _____

ANY CHANGE OF OWNERS, KEY HOLDERS, EMERGENCY CONTACTS,
PHONE NUMBERS, MUST BE REPORTED IMMEDIATELY. (SECTION 300.7)

FEE OF \$10.00 TO BE INCLUDED WITH THIS APPLICATION. (SECTION 300.1)

REPORT ALL TESTING TO THE APPROPRIATE DEPARTMENT BEFORE
RUNNING TESTS. (EMS, FIRE, POLICE) (SECTION 300.4)

FALSE ALARM FINES – FROM \$25.00 UP TO \$300.00 (SECTION 400.1)

OFFICE USE ONLY

APPLICATION REVIEWED ON: _____

COPIES GIVEN TO ALL DEPARTMENTS ON: _____
(EMS, FIRE, POLICE, 911 CENTER)

APPROVED / DENIED DATE: _____

SIGNATURE OF REVIEWER: _____

Taylor Borough
122 Union Street
Taylor, PA. 18517-1772
(570) 562-1400

1480 Windsor Road
Red Lion, PA 17356



Phone (717) 244-3512
Fax (717) 246-6172
www.windsortwp.com

APPLICATION/PERMIT BURGLAR ALARM DEVICE

_____ BUSINESS _____ RESIDENCE

LOCATION OF ALARM

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) TELEPHONE NUMBER

NAME OF BUSINESS OR RESIDENTIAL OCCUPANT BUSINESS MGR/OWNER

ALARM MONITORING COMPANY (_____) TELEPHONE NUMBER

LIST NAME OF THREE (3) PERSONS FOR EMERGENCY RESPONSE

1. _____ (_____) TELEPHONE NUMBER
NAME

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) ADD'L TELEPHONE NUMBER

2. _____ (_____) TELEPHONE NUMBER
NAME

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) ADD'L TELEPHONE NUMBER

3. _____ (_____) TELEPHONE NUMBER
NAME

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) ADD'L TELEPHONE NUMBER

IT IS THE RESPONSIBILITY OF THE ALARM AGENT/MANAGER/OWNER/OCCUPANT TO NOTIFY YORK AREA REGIONAL POLICE DEPARTMENT (IN WRITING) OF ANY CHANGES OF INFORMATION ON THIS PERMIT.

****PLEASE RETURN PERMIT WITH FEE (\$10.00) TO:
WINDSOR TOWNSHIP
1480 WINDSOR ROAD
RED LION, PA 17356**

_____ PERMIT NUMBER _____ DATE ISSUED

APPLICANT OR AUTHORIZED REPRESENTATIVE ISSUING OFFICER

1480 Windsor Road
Red Lion, PA 17356



Phone (717) 244-3512
Fax (717) 246-6172
www.windsortwp.com

APPLICATION/PERMIT FIRE ALARM DEVICE

_____ BUSINESS _____ RESIDENCE

LOCATION OF ALARM

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) _____
TELEPHONE NUMBER

NAME OF BUSINESS OR RESIDENTIAL OCCUPANT BUSINESS MGR/OWNER

ALARM MONITORING COMPANY (_____) _____
TELEPHONE NUMBER

LIST NAME OF THREE (3) PERSONS FOR EMERGENCY RESPONSE

1. _____
NAME (_____) _____
TELEPHONE NUMBER

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) _____
ADD'L TELEPHONE NUMBER

2. _____
NAME (_____) _____
TELEPHONE NUMBER

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) _____
ADD'L TELEPHONE NUMBER

3. _____
NAME (_____) _____
TELEPHONE NUMBER

COMPLETE STREET ADDRESS CITY/STATE ZIP CODE (_____) _____
ADD'L TELEPHONE NUMBER

IT IS THE RESPONSIBILITY OF THE ALARM AGENT/MANAGER/OWNER/OCCUPANT TO NOTIFY YORK AREA REGIONAL POLICE DEPARTMENT (IN WRITING) OF ANY CHANGES OF INFORMATION ON THIS PERMIT.

****PLEASE RETURN PERMIT WITH FEE (\$10.00) TO:
WINDSOR TOWNSHIP
1480 WINDSOR ROAD
RED LION, PA 17356**

_____ PERMIT NUMBER _____ DATE ISSUED

_____ APPLICANT OR AUTHORIZED REPRESENTATIVE _____ ISSUING OFFICER



YORK TOWNSHIP

PERMIT
BURGLAR ALARM DEVICE

_____ BUSINESS _____ RESIDENCE

DATE ISSUED

LOCATION OF ALARM

()

COMPLETE ADDRESS - STREET

CITY / STATE

ZIP CODE

TELEPHONE NO.

NAME OF BUSINESS OR RESIDENTIAL OCCUPANT

BUSINESS MGR/OWNER

ALARM MONITORING COMPANY

TELEPHONE NO.

LIST NAME OF THREE (3) PERSONS FOR EMERGENCY RESPONSE

1. _____ ()
NAME TELEPHONE NO.

COMPLETE ADDRESS - STREET CITY / STATE ZIP CODE ADD'L. TELEPHONE NO.

2. _____ ()
NAME TELEPHONE NO.

COMPLETE ADDRESS - STREET CITY / STATE ZIP CODE ADD'L. TELEPHONE NO.

3. _____ ()
NAME TELEPHONE NO.

COMPLETE ADDRESS - STREET CITY / STATE ZIP CODE ADD'L. TELEPHONE NO.

IT IS THE RESPONSIBILITY OF THE ALARM AGENT/MANAGER/OWNER/OCCUPANT TO NOTIFY YORK AREA REGIONAL POLICE DEPARTMENT (IN WRITING) OF ANY CHANGES OF INFORMATION ON THIS PERMIT.

**PLEASE RETURN PERMIT WITH FEE (\$10.00) TO:
YORK AREA REGIONAL POLICE DEPARTMENT
33 OAK STREET
YORK, PA. 17402-4931

2012-2013

BALDWIN BOROUGH POLICE DEPARTMENT

3344 CHURCHVIEW AVENUE
PITTSBURGH, PENNSYLVANIA 15227
PHONE: (412) 881-1300 FAX: (412) 653-0551

ALARM SUBSCRIBER / PROPRIETOR PERMIT APPLICATION

PERMIT NO. _____	DATE: _____	OFFICE USE ONLY	AMOUNT PAID: _____
------------------	-------------	-----------------	--------------------

RESIDENT (S) NAME OR BUSINESS NAME _____ TELEPHONE NO. AT LOCATION _____

ADDRESS OF ALARMED LOCATION (HOUSE #, STREET, APT, CITY, ZIP) _____

BUILDING TYPE (check one) RESIDENCE BUSINESS

OWNERS NAME (IF APPLICABLE) _____ ALT. TELEPHONE NO. - OWNER _____

MAILING ADDRESS OF OWNER (IF DIFFERENT THAN ABOVE) _____

NAME OF ALARM COMPANY THAT SERVICES ADDRESS _____ TELEPHONE NO. _____

NAME OF COMPANY THAT MONITORS YOUR ALARM _____ TELEPHONE NO. _____

ALARM TYPE (check all that apply) BURGLARY PANIC FIRE
AUDIBLE SILENT MED

***BALDWIN BOROUGH ORDINANCE NO. 753 REQUIRES EACH ALARM SYSTEM TO BE INSPECTED AND SERVICED AT LEAST ONCE IN A 12-MONTH PERIOD.**

DATE ALARM WAS INSTALLED _____

PLEASE SUPPLY THREE EMERGENCY CONTACTS

NAME _____ DAYTIME TELEPHONE _____ ALT./NIGHT TELEPHONE _____

NAME _____ DAYTIME TELEPHONE _____ ALT./NIGHT TELEPHONE _____

NAME _____ DAYTIME TELEPHONE _____ ALT./NIGHT TELEPHONE _____

*** ABOVE PERSONS MUST BE ABLE TO RESPOND TO THE ALARM SITE WITHIN 30 MINUTES OF POLICE NOTIFICATION.**

THE APPLICATION FEE MUST BE INCLUDED WITH THIS APPLICATION. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO THE BOROUGH OF BALDWIN.

RESIDENTIAL PERMIT FEE: \$5.00

COMMERCIAL PERMIT FEE: \$60.00

APPLICANT SIGNATURE _____ DATE COMPLETED _____

APPLICATION MUST BE SUBMITTED ON OR BEFORE APRIL 1ST

PLEASE USE THE BACK OF THIS APPLICATION TO REPORT ADDITIONAL INFORMATION.



COLLIER TOWNSHIP
ALARM DEVICE PERMIT APPLICATION

1. Name of Applicant: _____

2. Home Address of Applicant:

Or Business Address of Applicant:(for Collier Company)

3. Home or Business Telephone Number of Applicant:

Home _____ Business _____
Other _____ Type _____

4. Location at which Alarm Device will be located:

5. Complete description of alarm device:

6. Name, address and telephone number of at least two (2) individuals who have keys to the premises at which the Alarm Device is located and who are authorized to enter the premises at any time, but who do not reside at the location of the Alarm Device:

a. _____

(over)

b. _____

7. Name, address and telephone number of Alarm Company:

8. If the Alarm Device is to be leased or rented from, or is to be serviced pursuant to a service agreement by, a person other than the person making application for an Alarm Device Permit, the name, address and telephone number of that person:

"I(We) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I(we), nor anyone claiming by, through or under me(us) shall make any claim against the Township of Collier for any damage caused to the premises at which the Alarm Device, which is the subject of this application, is or will be located, if such damage is caused to the premises by employees of the Township of Collier in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when in the discretion of said employees, circumstances appear to warrant a forced entry."

COLLIER TWP. POLICE
2418 HILLTOP ROAD, SUITE 400
PRESTO, PA 15142

Signature of Applicant(s)

PERMIT FEE: Residential \$50.00
Commercial \$65.00

§ 63-7. Violations and penalties.

- A. Any person, firm or corporation who violates a provision of this chapter, or who fails to comply therewith, or with any of the requirements thereof, shall be, upon conviction thereof, sentenced to pay a fine of not less than \$100 nor more than \$1,000 for each violation, plus costs, and, in default of payment of said fine and costs, to imprisonment to the extent permitted by law for the punishment of summary offenses.
- B. A separate offense shall arise for each day or portion thereof in which a violation is found to exist or for each section of this chapter found to have been violated. All fines and penalties for the violation of this chapter shall be paid to the Borough Treasurer.
- C. The Borough may also commence appropriate actions in equity, at law or other to prevent, restrain, correct, enjoin, or abate violations of this chapter.

OFFICIAL**BOROUGH OF CRAFTON
RESOLUTION NO. 2005-20**

A RESOLUTION OF THE BOROUGH OF CRAFTON, ALLEGHENY COUNTY, PENNSYLVANIA, ESTABLISHING A GENERAL SCHEDULE OF FEES, COSTS, CHARGES AND EXPENSES PURSUANT TO BOROUGH ORDINANCES AND REPEALING ANY AND ALL RESOLUTIONS INCONSISTENT THEREWITH.

WHEREAS, Section 1202 of the Borough Code, 53 P.S. §46202, authorizes the Council of the Borough of Crafton (the "Borough") to establish a schedule of fees as shall be necessary to cover the costs associated with Borough services and the collection of Borough accounts and expenditures; and

WHEREAS, the Council of the Borough desires to establish a general fee schedule setting the necessary fees for all Borough services and collection of Borough accounts and expenditures, including but not limited to application, filing, license and permit fees, and to repeal any and all resolutions inconsistent herewith.

NOW, THEREFORE, the Council of the Borough of Crafton hereby resolves as follows:

2. **ALARMS:** The following fees are established pursuant to the Alarm Regulations, Chapter 63 of the Crafton Borough Code of Ordinances, Alarm Systems, as amended.
- A. **Alarm Permit Fee:**
- | | | |
|-----|--------------------------|----------|
| (1) | Residential Facility | \$ 20.00 |
| (2) | Non-Residential Facility | \$ 50.00 |
- B. **False Alarm Fees:**
- | | | |
|-----|----------------------------------|--------------------|
| (1) | First and Second Alarm each year | No Charge |
| (2) | Third to Fifth Alarm each year | \$ 75.00 per alarm |
| (3) | All Additional Alarms each year | \$150.00 per alarm |
- C. **Consultant Review Fees:** Applicant shall comply with the requirements of Section 24 hereof.
- D. **Deposit:** Applicant shall comply with the requirements of Section 25 hereof.

Chapter 63: ALARM SYSTEMS

[HISTORY: Adopted by the Borough Council of the Borough of Crafton 2-25-2004 by Ord. No. 1558. Amendments noted where applicable.]

GENERAL REFERENCES

Fire Department — See Ch. 17.

Police Department — See Ch. 42.

Fire prevention and protection — See Ch. 113.

§ 63-1. Definitions.

As used in this chapter, the terms are defined as follows:

ALARM SYSTEM — Any device designed for the detection of an unauthorized entry on the premises, its commission or occurrence and, when actuated, gives a signal, either visual, audible or both, or transmits or causes to be transmitted a signal, except residential in-house fire alarms.

FALSE ALARM — Any alarm signal that alerts any person which is not the result of an actual threatened emergency, requiring a response. False alarms include negligently or accidentally activated signals, signals which are the result of faulty, malfunctioning or improperly installed or maintained equipment, signals which are purposely activated to summon police, fire or emergency services in nonemergency situations and alarm signals for which the actual cause is not determined.

LOCAL ALARM — A system that gives a signal, either visual, audible or both, on the exterior portion of the property, but such signal does not leave the structure by wire or radio wave to a control receiving station.

§ 63-2. Permit required.

No person shall install, have installed, own, use or possess an operative alarm system without obtaining a permit from the Borough Manager. Said permit shall include, but not be limited to, providing a means of identifying the alarm system service and persons who may be called in the event of an alarm and the subject's premises are unattended.

§ 63-3. Permit fee.

The fee for an alarm system permit shall be as established from time to time by resolution of the Borough Council.

§ 63-4. Alarm system requirements.

- A. All alarm systems shall be equipped with batteries in case of power failure.
- B. Persons having local alarms shall have some type of device attached to the alarm that will automatically shut the alarm off after 20 minutes or have some other sure means of turning the alarm off.

§ 63-5. Repeated false alarms; charges.

Any person causing or permitting the giving of repeated false alarms for any reason, or owning or maintaining an alarm system which triggers a false alarm, shall pay a charge to the Borough, to be established from time to time by resolution of the Borough Council, for each and every false alarm to which a Fire Department, Police Department, Borough official, or other public safety or emergency service official responds.

§ 63-6. Revocation of permit.

- A. The Borough Manager may revoke or suspend any permit in accordance with this section if he determines:
 - (1) The application for the permit contains a statement of material fact which is false.
 - (2) The licensee has failed to comply with any one of the provisions of this section.
 - (3) An alarm system is negligently maintained or used. More than five false alarms within one-year period from the first false alarm shall be conclusive evidence of negligent maintenance or use.
- B. After an alarm system permit has been revoked or suspended, the Police Department, Fire Department or emergency medical service will respond to alarms from the revoked or suspended permittee as a service call only and not as a priority call. The penalty provisions of this chapter shall remain in effect for revoked or suspended permits and shall be treated as a third or subsequent offense and punishable under §§ 63-5 and 63-7.

APPLICATION FOR ALARM PERMIT

Borough of Crafton
 100 Stotz Avenue, Crafton PA 15205
 Phone 412.921.0752 FAX 412.921.4158 www.crafton.org

ALARM NO. _____

I (We) hereby make application for an alarm permit. Execution of this application constitutes an agreement to hold the Borough harmless for any damage or breakage caused by the Borough while making a forced entry to answer an APD Alarm, whether false or an authentic alarm, as provided by Section 63 of the Borough Code.

PROPERTY ADDRESS:

Owner(s) First Name:

Last Name:

Home Phone:

- Mr.
 Ms.
 Mrs.

Business Phone:

Cell Phone:

Owner(s) Street Address, City, State & Zip:

Alarm Contractor, Street Address, City, State & Zip

Phone:

Alarm Manufacturer (name only required):

Alarm Service Company, Street Address, City, State & Zip:

Phone:

LOCAL EMERGENCY CONTACT PERSON

Home Phone:

Business Phone:

Cell Phone:

Residential Use: YES
 NOType of Alarm: FIRE
 TAPE DIALER INTRUSION
 OTHER

Alarm Activation Date:

Please check one:

- Residential - \$20
 Nonresidential Permit - \$50 per type of alarm

Is/will alarm system be connected directly to Police alarm panel?

- YES
 NO

FEES: (make all checks payable to "Borough of Crafton")

Total Paid:

Check No. & Bank Name or
Cash Receipt No.:**AFFIDAVIT**

COMMONWEALTH OF PENNSYLVANIA : SS
 COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Owner(s) of the above-described alarm system (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation) and duly authorized to complete and make this application for an Alarm Permit and this affidavit on behalf of such firm or corporation), that all of the statements contained above are true and correct. Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY

OWNER'S SIGNATURE

BOROUGH OF EDGEWORTH POLICE DEPARTMENT
301 BEAVER ROAD
SEWICKLEY, PA 15143
412-741-9400

DATE _____

BILLED TO: _____

EDGEWORTH BOROUGH ORDINANCE #431

USER'S APPLICATION ALARM PERMIT FEE \$25.00

PLEASE REMIT TO: BOROUGH OF EDGEWORTH
POLICE DEPARTMENT
301 BEAVER ROAD
EDGEWORTH, PA. 15143

NAME _____ CODE # _____
ADDRESS _____ PHONE # _____
BUSINESS _____ PHONE # _____
ALARM COMPANY _____ PHONE # _____

LOCATION OF SYSTEMS BOX _____

IF THE EDGEWORTH POLICE DEPARTMENT DOES NOT HAVE YOUR KEYS OR CODE ON FILE, FURNISH NAMES, ADDRESSES AND PHONE NUMBERS OF (2) INDIVIDUALS WHO HAVE KEYS TO YOUR PREMISES AND ARE AVAILABLE (24) HOURS EACH DAY AND ARE FAMILIAR WITH YOUR ALARM SYSTEM. KEY HOLDER AND OR POLICE OR FIRE PERSONNEL MAY ENTER PREMISES UPON ACTIVATION OF YOUR ALARM.

1). NAME _____ 2). NAME _____
ADDRESS _____ ADDRESS _____
PHONE # _____ PHONE # _____

I (WE) THE UNDERSIGNED APPLICANT(S) FOR AN ALARM DEVICE PERMIT, INTENDING TO BE LEGALLY BOUND HEREBY, STATE THAT I (WE) SHALL RELEASE, INDEMNIFY AND HOLD HARMLESS EDGEWORTH BOROUGH, IT EMPLOYEES, OFFICERS AND AGENTS FOR ANY DAMAGES TO PERSONS OR PROPERTY AT THE PREMISES AT WHICH THE ALARM DEVICE, WHICH IS THE SUBJECT OF THIS APPLICATION, IS OR WILL BE LOCATED, IF SUCH DAMAGE IS CAUSED BY FORCED ENTRY TO SAID PREMISES BY EMPLOYEES OF EDGEWORTH BOROUGH IN ORDER TO ANSWER AN ALARM FROM SAID ALARM DEVICE AT A TIME WHEN SAID PREMISES ARE OR APPEAR TO BE UNATTENDED OR WHEN IN THE DISCRETION OF SAID EMPLOYEES, CIRCUMSTANCES APPEAR TO WARRANT A FORCED ENTRY.

TYPE OF ALARM SYSTEM IN USE

- (1) () DIRECT LINE TO POLICE PANEL
- (2) () POLICE NOTIFIED VIA ALARM COMPANY
- (3) () POLICE NOTIFIED VIA TAPED MESSAGE
- (4) () AUDIBLE DEVICE ON PREMISES ONLY

SIGNATURE _____ DATE _____

REMARKS _____

APPROVED BY CHIEF OR HIS AGENT _____

RETURN COMPLETED AND SIGNED APPLICATION
WITH \$25.00 FEE TO:

EDGEWORTH POLICE DEPT.
301 BEAVER ROAD
EDGEWORTH BOROUGH
SEWICKLEY, PA 15143

BOROUGH OF EDGEWORTH

ORDINANCE NO. 516

AN ORDINANCE AMENDING THE FALSE ALARM ORDINANCE

WHEREAS, the Council ("Council") of the Borough of Edgeworth previously enacted Ordinance 431 to regulate the installation and use of fire and burglar alarms in the Borough of Edgeworth ("Borough"); and,

WHEREAS, Council has determined that such Ordinance should be amended.

NOW, THEREFORE, BE IT ORDAINED AND ENACTED by the Council of the Borough of Edgeworth, Allegheny County, Pennsylvania, and it is hereby ordained and enacted by the authority of the same as follows:

Section 1. SECTION FIVE of Ordinance 431 is hereby amended to read as follows:

SECTION FIVE. Fines. A Permit Holder shall pay fines in accordance with the following schedule for a False Alarm triggered by the Alarm Device for which a Permit was issued to that Permit Holder:

- A. Free Calls. The first three False Alarms in a calendar year: no fine.
- B. Fourth Call. The fourth False Alarm in a calendar year: \$100.
- C. Fifth Call. The fifth False Alarm in a calendar year: \$200
- D. Calls beyond the Fifth. All False Alarms beyond the fifth in a calendar year: \$300 per False Alarm.

PLEASE KEEP FOR YOUR RECORDS

APPLICATION DIRECTIONS

TOWNSHIP OF HARRISON

ALARM PERMIT

Name (of permit holder) Phone # (of permit holder)

Address (of permit holder)

Address where alarm is installed (address where alarm is located)

Type of building (example: 1 story brick, 2 story wood, 1 story business row, etc..)

Use of building (examp.: commercial business, residence, public building, etc.)

Type of Alarm System (as activated at alarm address): examp.: (silent, visual, audible)
(check those that apply)

Alarm activates for: Burglar Fire Medical Emergency ()
Other

Initial Alarm signal is sent to: Alarm Service Co.
(check one that applies) Police Department Communications Center
 Audible Signal only

Police Dept. Communications Center is notified by:
(check one that applies) phone from Alarm Service Co.
 electronic or telephonic signal sent directly to Police Dept.
 audible alarm induces police notification/response

Alarm manufacturer's name (name brand of alarm)

Alarm Service Company (alarm service or monitor co.) Phone# (of alarm service/monitor co.)

(Name) (Phone #)
(List in priority order those who can respond to alarm location within 15 minutes avg.)
Whom to notify in emergency 1.
2.
3.

*For commercial or public building: Is a Knox box (security access) in place outside of building ?
(check whether security key in Knox Box access is in place) YES NO

SIGNATURE OF PERMIT HOLDER Date

(below to be completed by Harrison Township)

Township Permit # Fee
Received by: Executive Secretary Date

TOWNSHIP OF HARRISON

ALARM PERMIT

Name _____ Phone # _____

Address _____

Address where alarm is installed _____

Type of building _____

Use of building _____

Type of Alarm System _____

Alarm activates for: _____ Burglar _____ Fire _____ Medical emergency _____ (_____)
Other

Initial Alarm signal is sent to: _____ Alarm Service Co.
_____ Police Department Communications Center
_____ Audible Signal only

Police Dept. Communications Center is notified by:
_____ phone from Alarm Service Co.
_____ electronic or telephonic signal sent directly to Police Dept.
_____ audible alarm induces police notification/response

Alarm manufacturer's name _____

Alarm Service Company _____ Phone# _____

(Name) (Phone #)

Whom to notify in emergency 1. _____
2. _____
3. _____

*For commercial or public building: Is a Knox box (security access) in place outside of building?
_____ YES _____ NO

SIGNATURE OF PERMIT HOLDER _____ Date _____

Township Permit # _____ Fee _____
Received by: _____ Executive Secretary _____ Date _____

HOMESTEAD

POLICE

DEPARTMENT

BETTY ESPER
MAYOR

J. A. DESIMONE
CHIEF OF POLICE

ALARM DEVICE PERMIT

Business

Private

Last Name _____ First Name _____

Address _____

Telephone 1 _____ Telephone 2 _____

Alarm Company Name _____ Alarm Company Telephone _____

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name _____

Address _____

Telephone 1 _____ Telephone 2 _____

List the names and telephone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time, but who do not reside at the location of the alarm device.

Last Name _____ First Name _____

Address _____

Telephone 1 _____ Telephone 2 _____

Last Name _____ First Name _____

Address _____

Telephone 1 _____ Telephone 2 _____

I, _____ we _____ the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, state that neither I, we, nor anyone claiming by, through or under (us) shall make any claim against the Borough of Homestead, its officials or agents, for any damages caused to the premises at which the alarm device, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of the Borough of Homestead in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended or when in the discretion of said employees the circumstances appear to warrant forced entry.

Signature _____ Dated _____

Printed name of signature as appears above _____

APPLICATION FOR RESIDENTIAL ALARM SYSTEM

LEET TWP. POLICE DEPARTMENT

198 Ambridge Avenue Fair Oaks, PA 15003

PERMIT # _____

Application / Permit to install, operate, and maintain an alarm device pursuant to Leet Township Ordinance #239.

Permit holder shall agree as a condition to the issuance of this permit that He / She release, indemnify and hold harmless Leet Township, its employees, officers, and agents for any damage to property that may occur as a result of responding to an alarm.

Permit holder shall also agree to provide to the Police Department a list of at least two persons who have access to the premises.

HOMEOWNER: _____

ADDRESS: _____

ALARM TYPE: INTRUSION ___ FIRE ___ CO2 ___ PANIC ___
MEDICAL ___ OTHER _____

ALARM COMPANY: _____

Persons who have access (please keep updated) 1. _____

2. _____

PERMIT HOLDER SIGNATURE _____

ISSUING AUTHORITY William J. Harwitz, CHIEF OF POLICE



Borough of McKeen Rocks

Office of the Secretary

ALLEGHENY COUNTY, PENNSYLVANIA

Municipal Building 340 Bell Avenue McKeen Rocks, PA 15136

Telephone 412-331-2498 Fax 412-331-6899

Tricia Levander
Borough Secretary

BOROUGH OF MCKEEN ROCKS ALARM DEVICE PERMIT APPLICATION

- 1. Name(s) of Applicant(s): _____
- 2. Home Address: _____
- Home Telephone: _____
- 3. Business Name and Address: _____
- Business Telephone: _____
- 4. Location where Alarm Device will be installed: _____
- 4A. Type and Description of Alarm Device: _____

4B. If alarm Device is leased or rented from, or is serviced pursuant to a service agreement by another person or firm other than Applicant, provide the name, address and telephone number of said person or firm:

Name: _____

Address: _____

Telephone: _____

5. Provide names, addresses and telephone numbers of two (2) individuals who have keys to the location of the Alarm Device and who are authorized to enter that location, but who do not reside at that location.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Emergency: 911
Non-Emergency: (412) 431-2254
Frank Mosesso
Chief of Police



Police Department Fax: (412) 431-5267
Email Address: mtoliverpolice@comcast.net
Chief of Police 412-431-3899

**BOROUGH OF MOUNT OLIVER
POLICE DEPARTMENT**

150 BROWNSVILLE ROAD, MT. OLIVER, PA 15210-2165

MOUNT OLIVER ALARM REGISTRATION/ APPLICATION

OFFICE USE ONLY

PERMIT # DATE ISSUED: FEE PAID: \$

S U B S C R I B E R	NAME OR NAME OF BUSINESS		TELEPHONE NUMBER
	ADDRESS OF ALARM		(CITY, STATE, ZIP CODE)
	OWNER OF THE PROPERTY (IF DIFFERENT FROM ABOVE)		
	ADDRESS		(CITY, STATE, ZIP CODE)
	BUILDING TYPE: RESIDENTIAL <input type="checkbox"/>		COMMERCIAL <input type="checkbox"/>

BUSINESS DAYS AND HOURS

A L A R M C O M P A N Y	NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>
	ALARM COMPANY NAME	
	ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
	MONITORING ALARM COMPANY	
	ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
	TYPE OF ALARM: POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER: <input type="text"/>	
LAST INSPECTION OR TESTING OF SYSTEM DATE: <input type="text"/>		
APPROVED BY: <input type="text"/>		

NEW INSTALLATION OF FIRE ALARMS- MUST HAVE APPROVED STAMPED PLANS BY ARCHITECT/ENGINEER, SUBMITTED TO MT. OLIVER BOROUGH BEFORE PROJECT

(REVERSE SIDE)

CONTACTS

MUST SUPPLY THREE (3) EMERGENCY CONTACTS AND/OR MAINTENANCE PERSONNEL

NAME DAY TELEPHONE # EVENING TELEPHONE #

NAME DAY TELEPHONE# EVENING TELEPHONE#

NAME DAY TELEPHONE # EVENING TELEPHONE#

**PERSONS LISTED MUST BE ABLE TO RESPOND WITHIN
THIRTY (30) MINUTES OF NOTIFICATION**

RESIDENTIAL FEE: \$5.00

COMMERCIAL FEE: \$60.00

APPLICATION FEE MUST BE INCLUDED WITH REGISTRATION/ APPLICATION

APPLICANT/ PROPERTY OWNER NAME (PLEASE PRINT)

DATE: _____

APPLICANT/ PROPERTY OWNER SIGNATURE

MAKE CHECKS PAYABLE TO:

**MT. OLIVER BOROUGH
150 BROWNSVILLE RD
MT. OLIVER PA, 15210**

ATTENTION: POLICE DEPARTMENT

PLUM POLICE DEPARTMENT

RESIDENTIAL ALARM APPLICATION

**ORIGINAL: \$5.00 APPLICATION FEE
UPDATE: NO CHARGE**

4575 New Texas Road
Plum, Pennsylvania 15239

(412) 793-7400 - fax: (412) 793-5202

Name: _____ Home Phone: _____ Work Phone: _____
Home Phone: _____ Work Phone: _____

Home Address: _____ PLUM

ALARM COMPANY INFORMATION:

Name: _____ Phone: _____
Address: _____

Type of alarm employed: Burglary: _____ Fire: _____ Medical: _____
Silent: _____
Audible: _____ Other: _____

Specific type: General Only: _____ Interior Motion: (list areas) _____

Additional Areas: _____

CONTACT INFORMATION: *in case entry is needed into property*

1.. Name: _____ Phone: _____

Address: _____ Key: Yes: _____ No: _____

2.. Name: _____ Phone: _____

Address: _____ Key: Yes: _____ No: _____

3.. Name: _____ Phone: _____

Address: _____ Key: Yes: _____ No: _____

Statement: "I (We) the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby agree with the Borough of Plum that neither I (We), nor anyone claiming by, through or under me (us), shall make any claim against the Borough of Plum, its officials or agents, for any damages caused to the premises at which the alarm device, which is the subject of the application, is or will be located, if the damage is caused by a forced entry to the premises by the employees of the Borough of Plum in order to answer an alarm from the alarm device at a time when the premises are or appear to be unattended or when in the discretion of the employees the circumstances appear to warrant a forced entry."

ORDINANCE Chapter 91

Signature of Applicant(s): _____

Date: _____

Date: _____

Mar. 15. 2012 9:04AM

No. 5549 P. 3



Plum Borough Police Department
Police Communications
4575 New Texas Road
Plum, PA 15239-1196

412/793-7400

Fax 412/795-6549

Pride, Professionalism, Dedication

FEE SCHEDULE

Ordinance No. 477-91

Section 2. Permits Required

Subsection 3.

A person applying for an alarm device permit for a telephone dialer alarm device, local sounding device, or an indirect alarm device shall submit the required fee of five (\$5.00) dollars per permit along with his application to cover the cost of issuing the permit.

Ordinance No. 477-91

Section 4. False Alarms

Subsection 4.

A false alarm charge shall be due and payable at the office of the police department thirty (30) days from the date of the mailing of the notice of assessment of the charge.
False alarm charges are as follows:

1st to 3rd	No Charge
4th to 6th	<u>\$25.00 each</u>
7th to 9th	<u>\$75.00 each</u>
10th to 12th	<u>\$125.00 each</u>

Ordinance No. Chapter 91

Section 91.18. False Alarms

Subsection D.

Any more than 3 nuisance (false) alarms per 90-day period from a fire alarm system shall be subject to the penalties established by the International Fire Code, 2003 edition.
There shall be a fine of \$25.00 per occurrence for the unauthorized resetting of an alarm system from alarm to secure condition.

Ordinance No. Chapter 91

Section 91.99. Penalty

Subsection B.

Any person, firm or corporation who shall violate any provision of §§91.15 et seq. shall, upon conviction thereof, be sentenced to pay a fine not more than \$300.00 and in default of payment, to imprisonment for a term not to exceed 30 days.

Ordinance No. Chapter 91

Section 91.16. Permits Required

Subsection B.2.

"I (We) the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby agree with the Borough of Plum that neither I (We), nor anyone claiming by, through or under me (us), shall make any claim against the Borough of Plum, its officials or agents, for any damages caused to the premises at which the alarm device, which is the subject of the application, is or will be located, if the damage is caused by a forced entry to the premises by the employees of the Borough of Plum in order to answer an alarm from the alarm device at a time when the premises are or appear to be unattended or when in the discretion of the employees the circumstances appear to warrant a forced entry."

A copy of Ordinance No. 477-91 and Chapter 91 are available at the Plum Borough Police Department, 4575 New Texas Road, Plum, Pennsylvania 15239. Any questions regarding this matter should be directed to Police Administration at 412/793-7400.

**ROBINSON TOWNSHIP POLICE DEPARTMENT
RESIDENTIAL APPLICATION ALARM DEVICE INVOICE**

PERMIT NO. _____

(please print or type)

NAME: _____ **EMAIL**(if available) _____

ADDRESS: _____
(include zip code) _____ telephone _____

BILLING ADDRESS: _____

LOCATION OF ALARM _____

Names, addresses and telephone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time:

Name	Address	Telephone & Cell if available
------	---------	-------------------------------

--	--	--

If alarm is leased, rented or under service agreement, give company name, address and telephone number.

Alarm Company Name	Address	Telephone
--------------------	---------	-----------

"I(we) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I(we) nor anyone claiming by, through or under me(us) shall make any claim against Robinson Township for any damages caused to the premises at which the Alarm Device, which is the subject of this application, is or will be located, if such damage is caused by forced entry to said premises by employees of Robinson Township in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when the discretion of said employees circumstances appear to warrant forced entry. Further, I(we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Police Department of Robinson Township shall be allowed to enter my (our) premises between the hours of 10:00 am and 5:00 pm on weekdays for the purpose of inspection of the Alarm Device installation in order to determine whether or not it is in accordance with the operational standards set forth in Section 3 of Robinson Twp Ordinance No. 7-1982, Resolution 01-2001.

\$20.00 ONE TIME FEE Permit Fee _____	Date Received _____	_____ SIGNATURE Approving Officer _____
---	---------------------	---

**TOWNSHIP OF SCOTT
APPLICATION
Alarm Device Permit**

Ordinance No. 1523-03

Security _____
Fire _____

(Please type or print)

PERMIT NUMBER _____

BUSINESS _____ RESIDENTIAL _____

NAME _____

ADDRESS _____

PHONE: Home _____ Work: _____ Fax: _____

LOCATION OF ALARM _____

Names, addresses and phone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time.

NAME	ADDRESS	PHONE
------	---------	-------

If alarm is leased, rented or under service agreement, give alarm company name, address and phone number.

COMPANY NAME	ADDRESS	PHONE
--------------	---------	-------

I (We) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state neither I (we), nor anyone claiming by, through or under me (us) shall make any claim against Scott Township for any damages caused to the premises of which the Alarm device, which is the subject of this application, is or will be located. If such damage is caused by a forced entry to said premises by employees of the Township of Scott or Volunteer Fire Department in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when, in the discretion of said employees, circumstances appear to warrant a forced entry.

Further, I (we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Township of Scott shall be allowed to enter the premises to inspect the alarm device in order to determine whether or not it is in accordance with the operational standards of the Township.

Complete Form and Send Payment To:

Township of Scott
301 Lindsey Road
Carnegie, PA. 15108
Ph. # 412-276-7725

Signature

Date

FOR OFFICE USE ONLY

Security Permit Fee \$25.00
Fire Permit Fee \$80.00

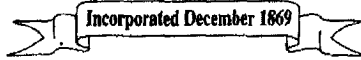
Date Received _____

Approving Officer

Date Approved

Approving Officer

Date Approved



STOWE TOWNSHIP

Allegheny County Pennsylvania



555 Broadway Avenue McKees Rocks, PA 15136
Phone: 412-331-4050 Fax: 412-331-4033

Application Date: _____
Date Permit Issued: _____
Permit No.: _____
Fee Paid: _____

ALARM DEVICE PERMIT APPLICATION

1. Name(s) of Applicant(s): _____

2. Home Address: _____

2a. Home Telephone: _____ () _____

3. Business Address: _____

3a. Business Telephone: _____ () _____

4. Location where Alarm Device will be installed: _____

4a. Type and description of Alarm Device: _____

4b. If Alarm Device is leased or rented from, or is to be serviced pursuant to a service agreement by another person or firm other than Applicant, provide the name, address and telephone number of said person or firm:

Name: _____
Address: _____
Telephone: _____ () _____

5. Provide names, addresses and telephone numbers of two (2) individuals who have keys to the location of the Alarm Device, and who are authorized to enter that location, but who do not reside at that location.

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

Regular Meetings: Second Tuesday of each month
Please address all correspondence to: P.O. Box 414, McKees Rocks, PA 15136

"I (We) the undersigned Applicant(s) for an Alarm Device Permit, intending to be legally bound hereby, state that neither I (We), nor anyone claiming by, through, or under me (us), shall make any claim against Stowe Township for any damage caused to the premises at which the Alarm Device, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of Stowe Township or any volunteer firemen, in order to answer an alarm from said Alarm Device at a time when said premises are or appear to be unattended or when in the discretion of said employees or volunteer firemen, circumstances appear to warrant a forced entry."

"Further, I (We) hereby agree that, periodically and upon five (5) days' written notice, representatives of the Police or Fire Department of Stowe Township shall be allowed to enter my (our) premises between the hours of 10:00 a.m. and 5:00 p.m. on weekdays for the purpose of inspecting my (our) Alarm Device installation in order to determine whether or not it is in accordance with the operational standards set forth in Section 3 of this Ordinance."

Applicant

WHITAKER BOROUGH ALARM SYSTEM NOTIFICATION

ALARM COMPANIES TO USE 412/473-3370 AS EMERGENCY PHONE NO.

PROPERTY INFORMATION

ADDRESS: _____

PROPERTY OWNER: _____

PHONE NO. OF OWNER: _____

ALTERNATE CONTACT & PHONE NO.: _____

PROPERTY USE: HOME BUSINESS RENTAL

OTHER/NOTES: _____

ALARM INFORMATION

TYPE OF ALARM: FIRE BURGLAR OTHER _____

ALARM COMPANY/COMPANIES: _____

PHONE NO. OF ALARM COMPANY/COMPANIES: _____

BOROUGH NOTIFICATION

INFORMATION PROVIDED TO POLICE: DATE: _____

INFORMATION PROVIDED TO FIRE: DATE: _____

INFORMATION PROVIDED TO AC 9-1-1: DATE: _____

WILKINS TOWNSHIP POLICE DEPARTMENT

110 PEPPER ROAD • TURTLE CREEK, PA 15145

EMERGENCY 911
NON-EMERGENCY (412) 473-3056



POLICE OFFICE: (412) 824-0032
POLICE FAX: (412) 824-6647

EDWARD A. KRANCIC JR.
CHIEF OF POLICE

ALARM APPLICATION

PROPERTY OWNER:
ADDRESS:

TELEPHONE: HOME
WORK
CELL

RESIDENT:
ADDRESS:

TELEPHONE: HOME
WORK
CELL

ALARM SUPPLIER:
ADDRESS:

TELEPHONE:

TYPE OF ALARM/NOTIFICATION PROCEDURE

HOLD UP BURGLARY FIRE MEDICAL OTHER
 CENTRAL STATION TAPE AUDIBLE

EMERGENCY RESPONDERS/KEY HOLDERS - THREE (3) MINIMUM

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY:

PERMIT ISSUED: Y / N DATE: _____

ACCOUNT # _____

CHIEF OF POLICE _____

PERMIT # _____

BUSINESS & RESIDENT ALARM CONTACT SHEET

BUSINESS NAME:

PHYSICAL ADDRESS:

E-MAIL ADDRESS:

OWNER'S NAME:

**BUSINESS TYPE: (check one) RETAIL__ WHOLESALE__ WAREHOUSE__
MANUFACTURER__ OTHER__ (PLEASE SPECIFY):**

PRIMARY PRODUCT LINE:

IS THE BUILDING EQUIPPED WITH AN ALARM SYSTEM:

IS THE ALARM MONITORED BY AN ALARM COMPANY:

IS SO, WHICH COMPANY MONITOR'S IT:

CONTACT PHONE NUMBER FOR THE ALARM COMPANY:

**IF THE ALARM IS ONLY A PREMISE ALARM; WHAT TYPE IS IT?
AUDIBLE MOTION ALARM COMBINATION OTHER**

**EMERGENCY CONTACT LIST: (PLEASE LIST IN THE ORDER YOU WISH
THEM TO BE CALLED):**

1.

2.

3.

**COMMENTS OR OTHER PERTINENT INFORMATION THAT WOULD BE
HELPFUL FOR POLICE OR FIREFIGHTERS SUCH AS: ANIMALS, TOXIC
CHEMICAL, EXPLOSIVES OR ANY OTHE SPECIAL DIRECTIONS:**

ALARM DEVICE PERMIT

Borough of Conway, PA

Permit to install new alarm device
 revise or upgrade existing alarm device*
 maintain alarm device already in place*

Commercial Residential Public Building

Applicant's Name: _____

Address of premises served by the alarm device: _____

PERMIT NUMBER _____

Fee Paid (if applicable) \$ _____

Borough Secretary

Date

Borough of Economy

Beaver County

2856 Conway Wallrose Road

Baden, PA 15005-2306

724-869-4779 ** 724-869-8111-Fax

A PERMIT GOVERNING ALARM SYSTEMS WITHIN ECONOMY BOROUGH

NAME _____

HOME ADDRESS _____

ADDRESS OF ALARM _____

BUSINESS ADDRESS _____

HOME TEL. NO. _____ BUS. TEL. NO. _____

TYPE OF ALARM: FIRE _____ POLICE _____ LOCATION OF CONTROL BOX _____

The names, addresses and telephone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time.

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

If alarm is leased, rented or under service agreement, give company name, address and telephone number.

CO. NAME _____ ADDRESS _____ TELEPHONE _____

I agree to notify the Economy Borough Police Department prior to conducting any tests upon any alarm system whereupon such test would cause emergency information to be received by the Police Department.

Date: _____

Signature of Applicant _____

Secretary _____

*Fee: \$25.00 (322.880) NO FEE IS CHARGED FOR RESIDENTIAL ALARM USERS OVER AGE 65 PROVIDED NO BUSINESS IS CONDUCTED IN THE RESIDENCE.

First 2 false alarms	No charge
3-4-5 false alarms	\$25.00 each
6-7-8-9-10 false alarms	\$50.00 each
11 or more false alarms	\$100.00 each

For your information: Please notify your alarm system installer: The 24-hour phone number to reach the Economy Borough Police 724-775-0880.

2012
CITY OF OIL CITY
ALARM PERMIT APPLICATION/RENEWAL

APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

(Address of Alarm System Covered by this Permit)

PERMIT APPLIED FOR:

() INDIRECT LINK SYSTEM (All indirect-contact alarm systems)
(Annual permit, annual fee) for residential alarm system-Fee \$30/Location)

LIST PERSONS WHO CAN BE NOTIFIED BY THIS DEPARTMENT WHEN ALARM IS RECEIVED:
(AT LEAST TWO SHOULD BE NAMED)

1) NAME: _____

ADDRESS: _____

TELEPHONE: _____

2) NAME: _____

ADDRESS: _____

TELEPHONE: _____

3) NAME: _____

ADDRESS: _____

TELEPHONE: _____

**PLEASE: FILL IN THE ABOVE INFORMATION: IT IS IMPORTANT
FOR QUICK CONTACT IF NEEDED.**

ALARM PERMIT APPLICATION/RENEWAL

TYPE OF ALARM SYSTEM:

- BURGLARY
- FIRE
- MEDICAL SERVICES
- MULTI-PURPOSE (TWO OR MORE TYPES)
- AUDIBLE OR SILENT

Alarm business/Alarm agent responsible for maintenance, monitoring, or service to your alarm system:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I hereby acknowledge that I have made myself aware of all the provisions and requirements of City Ordinance No. 2489 relating to operation, maintenance, and permitting of my alarm system(s) and do hereby agree to abide by the conditions thereof.

APPLICANT'S
SIGNATURE: _____ . DATE: _____ .

PLEASE NOTE: ANY CHANGE IN THE ABOVE INFORMATION SHOULD BE GIVEN TO THE POLICE DEPARTMENT IN WRITTING WITHIN TEN (10) DAYS.

PLEASE DO NOT WRITE BELOW THIS LINE

- PERMIT: APPROVED
- DISAPPROVED - REASON: _____
- SUSPENDED - DATE: _____
- REINSTATED - DATE: _____



Alarm Permit

CTPD Form 39

Cecil Township Police Department

3599 Millers Run Road – Suite 102

Cecil, PA 15321

Office: (724) 743-0940 or (412) 221-4119

Radio Dispatch 9-1-1 (Washington County)

Fax: (724) 743-0943

In compliance with Cecil Township Ordinance 1-88, Chapter 12, subsections 301-310 "Alarm Permits", the following permit and fees must be submitted.

Name: _____ Permit No. _____

Home Address: _____

_____ Home Phone: () _____

Business Address: _____

_____ Work Phone: () _____

Location where Alarm Device is Installed: (Include Street/Road Name) _____

Emergency Persons

Names, addresses and telephone numbers of at least two individuals who have keys to the premises at which the alarm device is located and who are authorized to enter the premises at any time, but who do not reside at the premises at which the alarm device is located.

1) Name: _____ Phone: () _____

Address: _____

2) Name: _____ Phone: () _____

Address: _____

General Written Description of Alarm Device (Not Schematics)

If the device is to be leased or rented or is to be serviced or monitored pursuant to a service agreement by other than the person making this application for the alarm device permit, (Alarm Company) submit the following information:

1) Name: _____ Phone: () _____

Address: _____

Statement

"I (we), the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, agree with the Township of Cecil that neither I (we), nor anyone claiming by, through or under me (us), shall make any claim against the Township of Cecil, its officials or agents, for any damages caused to the premises at which the alarm device, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of the Township of Cecil in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended or when in the discretion of said employees the circumstances appear to warrant a forced entry."

Signature: _____ Date Signed: _____

Signature: _____ Date Signed: _____

Enclose Permit Fee of \$5.00 with this application. Applications must be returned within ten (10) days of receipt. Make checks payable to: Cecil Township Supervisors and mail with completed application to the above address.

MUNICIPALITY OF MURRYSVILLE FIRE ALARM REGISTRATION FORM

4770

Address of Alarm System _____ Name (last name, first) or Business Name _____

Owner's Name and Address _____

Owner's Phone Numbers _____ Business _____ Other _____

Alarm System is Monitored by _____

Monitoring Company Address _____ Phone Number _____

Alarm Installed by _____ Date _____

Installer's Address _____ Phone Number _____

Alarm System Maintained by _____

Maintenance Company's Address _____ Phone Number _____

VFD Emergency Access "Key Access System" Y N

Location of Key-Safe _____

Alarm Panel Location (Main Panel) _____

Annunciator Panel Location _____

Persons with access to your home/business (key holders in order of preference to be called):

Name _____ Phone Number _____

Name _____ Phone Number _____

Signature of Alarm Owner _____ Alarm Owner Name (printed) _____ Date _____

ALARM ADMINISTRATOR'S USE

MAP: _____	LOT: _____	CUSTOMER# _____
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The Township of North Huntingdon Police Department

11279 Center Highway
North Huntingdon, PA 15642



TDD (724) 863-1545
FAX (724) 863-4774
(724) 863-8800

ALARM PERMIT APPLICATION

It shall be unlawful for a property owner, lessee of property, or a person otherwise occupying a premises within the Township of North Huntingdon to put in an alarm device into operation on (his) premises without first obtaining an alarm device permit from the Police Department. It shall be unlawful for a property owner, lessee of property or a person otherwise occupying a premise outside of the Township of North Huntingdon to put an alarm device which terminates at the Police Department into operation on (his) premises without first obtaining an alarm device permit from the Police Department.

Name of Applicant: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Business Name: _____ Business Phone # _____
(if applicable)

Alarm Device: _____
(MAKE) (MODEL) (TYPE)

Name, Address and Phone number of person or business servicing alarm device or from whom alarm device has been leased or rented from. (If applicable)

(NAME) (PHONE #)

(ADDRESS)

Location at which alarm device will be installed and operated:

(ADDRESS)

Names, Addresses and phone numbers of at least two (2) individuals who have keys to the premises where alarm device is located and are authorized to enter premises at any time to disable alarm and who do not reside at the location of the alarm device:

(NAME) (ADDRESS) (PHONE NUMBER)

(NAME) (ADDRESS) (PHONE NUMBER)

(NAME) (ADDRESS) (PHONE NUMBER)

REFER TO REVERSE SIDE TO COMPLETE APPLICATION:

ALARM PERMIT APPLICATION CONTINUED:

I (we) the undersigned applicant(s) for an alarm device permit, intending to be legally bound hereby, state that neither I (we), nor anyone claiming be, through or under me (us), shall make any claim against the Township of North Huntingdon for any damage caused to the premises at which the alarm device, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of the Township of North Huntingdon in order to answer an alarm from said alarm device at a time when said premises are or appear to be unattended or when, at the discretion of said employee, circumstances appear to warrant a forced entry.

Further, I (we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Police Department of the Township of North Huntingdon shall be allowed to enter my (our) premises between the hours of 10:00 a.m. and 5:00 p.m. on weekdays for the purpose of inspecting my (our) alarm device installation in order to determine whether or not it is in accordance with the operational standards set forth in section 55-3 of the Township of North Huntingdon Ordinance number 617.

Signature of Applicant: _____ (DATE)

Signature of Applicant: _____ (DATE)

Please check off which applies to your alarm device:

- A. Direct hookup to police department: _____
B. Telephone dialer direct to police department: _____ APPROVAL # _____
C. Alarm to central monitoring station: _____

A COPY OF THE OPERATIONAL STANDARDS ARE ATTACHED TO THE APPLICATION

APPLICATION APPROVED _____ DENIED _____

CHIEF OF POLICE **DATE**

If denied, reason for denial: _____

\$25.00 FEE REQUIRED ACCOMPANYING THIS APPLICATION _____
DATE RECEIVED

Signature of person receiving fee: _____