



# ALARM PERMIT APPLICATION FOR COMMERCIAL BUSINESS

City of Satellite Beach  
565 Cassia Boulevard  
Telephone: 321.773.4407

In order to assist/respond to commercial locations, the City requires that an Alarm Permit application is filed each fiscal year (City Code Chapter 22).

## PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW FOR PROPER PROCESSING

### ALARM USER/LOCATION: Key box on site CONTACT PHONE NUMBERS:

Business: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address: _____	Suite # _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Manager: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

### ADDRESS FOR MAILING CORRESPONDENCE: CONTACT PHONE NUMBERS:

Name: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

### ALTERNATE CONTACTS: CONTACT PHONE NUMBERS:

Name: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Name: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

### ALARM SERVICE PROVIDER: CONTACT PHONE NUMBERS:

Name: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address: _____		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
		W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
E-mail: _____		Alarm system not monitored <input type="checkbox"/>	

### TYPE OF ALARM:

Audible  Burglar  Fire  Medical  Silent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION FEE:

New  \$15.00      Renewal  No Fee      Delinquent  \$15.00

FOR OFFICE USE ONLY			
PERMIT #: _____	CC F.D. DEPT. <input type="checkbox"/>	CC P.D. <input type="checkbox"/>	STAFF INITIALS: _____ DATE: _____