

FD PERMIT# _____
(For Commercial Only)

CITY OF JACKSONVILLE

DATE _____

Total Square Footage: _____

APPLICATION FOR ALARM REGISTRATION
(No fee for registration only)

A. Alarm Location

B. Mailing Address

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

C. Alarm Type: Fire _____
Security _____
Other _____ (list) _____

D. Have you been denied an Alarm Permit or ever had one revoked? _____ No _____ Yes Date: _____

E. Alarm Communication Method: _____ Digital Communicator (to monitoring company)
_____ Local Audible Only
_____ Other _____

F. Alarm Monitoring Company: _____ Alarm Company _____
Address: _____
Telephone: _____

G. Type of Application: _____ Original _____ Renewal _____ Revised _____ Bus. /Commercial _____ Residential

H. Alarm Contact List: (Persons to contact when alarm is activated. A minimum of two are required for all alarms. Please list name, address and phone numbers.)

1. _____
2. _____
3. _____

I. Name of Installer: _____
Address: _____ Phone Number: _____
North Carolina Business License #: _____ City Privilege License #: _____

J. _____
Applicant's Name (Print) Signature Date

Please mail application to: Jacksonville Fire Department
P.O. Box 128
Jacksonville, NC 28541
Phone: (910) 455-8080
Fax: (910) 455-4036

Reviewed by: _____
(For Commercial Only)