

PLUMSTEAD

TOWNSHIP

5186 Stump Rd
Box 387
Plumsteadville, PA 18949

215-766-8914
FAX - 215-766-9831



PLUMSTEAD TOWNSHIP FIRE ALARM
INSTALLATION APPLICATION

Business Name (if applicable):			
Property Location:			
Owner of Property	Name:		
	Address(physical)		
	Mailing: city,state,zip		
	Phone #:		
IF PROPERTY IS LEASED PLEASE PROVIDE THE FOLLOWING:		Who is responsible for alarm?	
		owner: lessee:	
Lessee	Name:		
	Address(physical)		
	Mailing: city, state, zip		
	Phone #		
IS YOUR PROPERTY ADDRESS DISPLAYED AND VISIBLE FROM THE STREET? _____			
Alarm Company	Name:		
	Address		
	City, State, Zip		
	Phone #		
Animals on Property? (Please list any animals or pets)			
Name and telephone numbers of at least two people other than owner, that have keys and authorization to enter property at any time:			
Name: _____		Ph: _____	Cell Ph: _____
Name: _____		Ph: _____	Cell Ph: _____
Name: _____		Ph: _____	Cell Ph: _____
I the undersigned applicant understand as a condition to the issuance of a permit to abide by the conditions of the ALARM ORDINANCE			
_____		_____	
APPLICANT NAME		APPLICANT SIGNATURE	
DATE: _____			
ALARM MUST BE REGISTERED WITH THE POLICE DEPT. THRU A SEPARATE APPLICATION			
OFFICE USE ONLY			
Check # _____		Cash _____	Amount _____
		Date _____	Permit # _____
Permit Approved By: _____			