PLUMSTEAD TOWNSHIP

5186 Stump Rd
Box 387
Plumsteadville, PA 18949

215-766-8914
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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: _____