

TOWN OF CARMEL



60 McAlpin Avenue
Mahopac, New York 10541
Tel. (845) 628-1500 • Fax (845) 628-6836
www.ci.carmel.ny.us

APPLICATION FOR ALARM PERMIT

- ( ) Residential Fee \$40
( ) Commercial Fee \$40

OFFICE USE ONLY

Application #
Application Date
Permit#
Date Issued:
Fee Received:

INSTRUCTIONS: Answer all questions completely. Supply any additional information helpful for consideration of approval of this application. Errors, misstatement of facts or emission of facts shall be cause for refusal of permit or for immediate revocation of alarm permit, if issued.

NAME OF APPLICANT:

ADDRESS:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

HOME PHONE NUMBER: WORK PHONE NUMBER:

CELL NUMBER:

SPECIFIC LOCATION OF ALARMED PREMISE:

PURPOSE OF ALARM: ( ) RESIDENTIAL ( ) COMMERCIAL ( ) OTHER

NAME(S) OF CONTACT PERSON(S) TO RESPOND TO AN EMERGENCY AT ALARMED PREMISES:

1. NAME:
ADDRESS:
PHONE (DAY): NIGHT:

2. NAME:
ADDRESS:
PHONE (DAY): NIGHT:

THIS IS AN APPLICATION TO INSTALL AND/OR MAINTAIN THE FOLLOWING:
PLEASE CHECK ALL THAT APPLY
( ) BURGLAR ( ) FIRE ( ) PANIC ALARM

**THIS SYSTEM WILL BE CONNECTED TO (PLEASE CHECK THAT APPLIES):**

- A PRIVATE MONITORING FACILITY (CENTRAL ALARM STATION COMPANY)**
- A PRIVATE MONITORING FACILITY BUT CONNECTED TO (SPECIFY):**

\_\_\_\_\_

**DATE CONNECTED:** \_\_\_\_\_

**WHICH OF THE FOLLOWING FEATURES IS YOUR SYSTEM EQUIPPED WITH:  
(PLEASE CHECK ALL THAT APPLY):**

**INTRUSION DETECTORS**

**PANIC BUTTON**

**SMOKE OR FIRE DETECTORS (EXEMPT FROM THIS LAW IS DESIGNED TO ALERT ONLY THE OCCUPANTS OF THE PREMISES WHERE MAINTAINED).**

**OUTSIDE AUDIBLE TO AUTOMATICALLY RESET IN 15 MINUTES OR LESS.**

**NAME OF THE PERSON OR COMPANY SELLING, INSTALLING OR MODIFYING YOUR ALARM SYSTEM:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DATE INSTALLED:** \_\_\_\_\_

**Do you have a maintenance agreement with an Alarm Company? If so, please provide the following information:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **NIGHT PHONE:** \_\_\_\_\_

**EMERGENCY PHONE:** \_\_\_\_\_

**The Town of Carmel may suspend or revoke the subscriber's permit for falsification or omission of information or for non-compliance with the standards and regulations set forth in the Code of the Town of Carmel, entitled "Alarm Devices and Systems".**

**NOTICE:** PURSUANT TO THE PENAL LAW OF THE STATE OF NEW YORK, SECTION 210.45, IT IS A CRIME PUIHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

I, THE BELOW NAMED APPLICANT, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE. IN CONSIDERATION FOR THE ISSUANCE OF A PERMIT HEREUNDER, APPLICANT HEREBY AGREES TO HOLD THE TOWN OF CARMEL HARMLESS FROM ANY LIABILITY ARISING OUT OF THE OPERATION OF THE ALARM SYSTEM DESCRIBED HEREIN, OR THE OPERATIONS OF ANY EQUIPMENT TO WHICH THE SYSTEM IS CONNECTED, EITHER FROM ACTS OF COMMISSION OR OMISSION.

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

**AUTHORIZATION FOR PANIC ALARM SYSTEM ONLY**

In order to insure the safety of the persons or property within the described building, the below named applicant authorizes the Carmel Police Department to effect entry into the described premises by whatever means necessary.

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

The above-named applicant is responsible for the posting of the correct street address at the premises. Numbers should be at least two (2) inches in height.

The applicant is required to notify the Building Department no less than ten days prior to any changes in the alarm system specified herein.

**RETURN APPLICATION/PAYMENTS TO:**

**ATTN: ALARM PAYMENTS  
CARMEL TOWN HALL  
60 MC ALPIN AVENUE  
MAHOPAC, N.Y. 10541**

By order of the Town Board of the Town of Carmel, N. Y.