

**ALARM SYSTEM PERMIT APPLICATION**

City of Green  
Finance Department  
P.O. Box 278  
Green, Ohio 44232-0278

|                      |       |                   |
|----------------------|-------|-------------------|
| <b>CITY USE ONLY</b> |       |                   |
| Permit No.:          | _____ |                   |
| Date Issued:         | _____ |                   |
| CLASS:               | RES   | COMM MULTI-FAMILY |

Please fill out the following information and return to the above address. There is NO FEE for the permit; however, you must turn in this information to obtain a permit. Upon receipt of this information we will return your permit\* by mail. If you have any questions, please call (330) 896-6603, Monday through Friday, from 8 a.m. until 4 p.m. Thank you.

\_\_\_\_\_  
(COMPANY/OWNER NAME)

\_\_\_\_\_  
(ALARM SITE ADDRESS) (SUITE/ROOM #) (CITY, ZIP)

\_\_\_\_\_  
(ALARM SITE TELEPHONE) (DAY PHONE #) (EVENING # OR PAGER #)

**RESPONSIBLE PERSONS, HAVING THE ABILITY TO RESET THE SYSTEM, TO BE NOTIFIED OF AN ALARM DROP:**

- |    |                  |                |
|----|------------------|----------------|
| 1. | TELEPHONE: _____ | EVENING: _____ |
| 2. | TELEPHONE: _____ | EVENING: _____ |
| 3. | TELEPHONE: _____ | EVENING: _____ |

**ALARM USED TO SUMMON:** (CIRCLE APPLICABLE RESPONSE(S) SHERIFF FIRE BOTH OTHER

IF OTHER, PLEASE DESCRIBE PURPOSE OF ALARM: \_\_\_\_\_  
\_\_\_\_\_

HOW MANY SYSTEMS ARE LOCATED AT THIS ADDRESS? \_\_\_\_\_ 1 2 3 4 MORE

IF MORE THAN ONE SYSTEM IS LOCATED AT THIS ADDRESS, DESCRIBE THE AREAS OF THE BUILDING/PREMISES COVERED UNDER THIS PERMIT:  
\_\_\_\_\_

**CLASSIFICATION:** (CIRCLE ONE) RESIDENTIAL COMMERCIAL/INDUSTRIAL MULTI-FAMILY

**CLASSIFICATIONS OTHER THEN RESIDENTIAL HOMES MUST ATTACH A SITE PLAN THAT DOCUMENTS THE LOCATION OF THE ALARM PANEL, RELATED ANNUNCIATOR PANELS AND ANY KNOWN HAZARDS IN THE BUILDING OR AT THE LOCATION.** Questions regarding the site plan can be directed to Fire Inspection Bureau at (330) 896-6609.

ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HAVE RECEIVED A COPY OF THE CITY OF GREEN ALARM REGULATIONS AND AGREE TO COMPLY WITH ALL REQUIREMENTS AND POLICIES CONTAINED THEREIN.

\_\_\_\_\_  
(PERMIT HOLDER SIGNATURE)

\_\_\_\_\_  
(DATE)

\*UPON RECEIPT OF YOUR PERMIT PLEASE POST NEAR THE ALARM SYSTEM CONTROLS.