



MIAMI-DADE POLICE DEPARTMENT Account

ALARM PERMIT REGISTRATION FORM

Phone # (305) 471-3600

Fax # (305) 471-3601

Return with Payment to: Miami-Dade Police Department False Alarm Enforcement Unit
9105 NW 25th Street, Rm #1119
Miami, FL 33172

Annual Alarm Permit Fee

Annual Renewal Permit Fee

Expires:

1 Alarmed Location

Occupant Name or Business Name _____

Address _____

Suite/Apt# _____

City _____

State _____

Zip _____

Phone _____

2 Responsible Party

Name _____

Phn1 _____

Phn2 _____

Address _____

Phn3 _____

Phn4 _____

City _____

State _____

Zip _____

E-mail address _____

3 Contact Names

Contact 1

Name _____

Phn1 _____

Phn2 _____

Contact 2

Name _____

Phn1 _____

Phn2 _____

4 Additional Information

Special Conditions/ Hazards _____

5 Alarm Companies

Not Monitored

Monitored By

_____ Phn1 _____

Installed By

_____ Phn1 _____

Please review information for accuracy; update and return along with your payment. Failure to register may forfeit police response.

I hereby certify that the above information is accurate to the best of my knowledge.

Signature _____ Date _____



Village of Biscayne Park

640 NE 114 STREET
BISCAYNE PARK, FL 33161
PHONE: 305-899-8000 - FAX: 305-891-7241

ELECTRICAL APPLICATION

Master Permit # _____

Date _____

Job Address _____

Tax Folio _____

Owner _____ Tenant _____

Owner's Address _____ Phone _____

Contracting Co. Homeowner Address n/a

Contact Name Homeowner Phone n/a

State # n/a Competency # n/a Ins. Co. n/a

****Attach: Copy of Contractor's License/ Liability Insurance/Bonding Company/ Architect and/ or Engineer information and any other pertinent information****

WORK DESCRIPTION:

Installation of monitored wireless home alarm system by homeowner

Square Ft. n/a

Estimated Cost \$99.95

APPLICATION IS HEREBY submitted to obtain a Permit to do work and Installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in Biscayne Park. If work has commenced without such permit a double fee will be apply to the permit cost. I understand that separate permits must be secured for **ELECTRICAL, PLUMBING, ROOF, SWIMMING POOLS, FENCES, PAVING, AIR CONDITIONING, PAINTING & COLOR SELECTIONS, ETC.**

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate, and that all work will be done in compliance with all applicable laws regulating construction and zoning. Furthermore, I authorize the above-named contractor to do the work stated.

AGENT'S AFFIDAVIT: If and Agent is representing the owner, a separate affidavit must be completed and attached herewith, Authorizing this substitution.

WARNING TO OWNER: Your failure to record a Notice of compliance may result in your paying twice for improvements to your property. If you intend to obtain financing, consult your lender or an attorney before recording your Notice of Commencement.

Signature of Property Owner or Agent

SWORN TO & SUBSCRIBED BEFORE ME THIS

____ DAY OF _____, 200____.

Signature of NOTARY to OWNER

Seal:

Signature of Contractor

SWORN TO & SUBSCRIBED BEFORE ME THIS

____ DAY OF _____, 200____.

Signature of NOTARY to Contractor

Seal:

For Office Use, by Village of Biscayne Park
INSPECTOR APPROVAL _____

FEE: _____

PERMIT NO. _____

As of October 1, 2005 all work done to be inspected must be in compliance with the 2004 Edition of the *Florida Building Code*. THIS APPLICATION IS VALID FOR 180 DAYS FROM DATE APPROVED. APPLICATION AND ALL ATTACHMENTS WILL BE DISCARDED IF NOT PICKED UP BY THE APPLICANT.



Village of Biscayne Park

640 NE 114 STREET
BISCAYNE PARK, FL 33161
PHONE: 305-899-8000 – FAX: 305-891-7241

Permit #: _____

ALARM REGISTRATION

Village of Biscayne Park Ordinance No. 259 requires any alarm user, except vehicle and fire alarms, in Biscayne Park to file the following information with the Biscayne Park Police Department

Date: _____

Last Name: _____ First Name: _____

Address of Alarm: _____

Home Phone #: _____ Work Phone #: _____

******EMERGENCY CONTACTS******

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Alarm Company monitoring the alarm system (if applicable).
Company Name: Rapid Response Phone #: 800-932-3822

Alarm Company that installed the system, if different from alarm monitor.
Company Name: homeowner Phone #: _____

Do you have Back-up power supply? Yes x No ___
Do you have a 15- minute cut off? Yes x No ___

Please return this form to:
Biscayne Park Police Department
640 N.E. 114th Street
Biscayne Park, FL 33161



City of Miami Gardens

Building Services Division
1515 NW 167th Street, Bldg. # 4 Suite # 180
Miami Gardens, FL 33169
305-622-8027 (Office) 305-622-8557 (Fax)
www.miamigardens-fl.gov

FOR OFFICE USE ONLY

Process No.: _____
Date Applied: _____
Clerk: _____
Date Issued: _____

PERMIT APPLICATION

Applied for under: **FLORIDA BUILDING CODE**

*** Location of Improvements: (USE BLACK OR BLUE INK ONLY)**

Job Site Address: _____ Master Permit No.: n/a
 Building No.: _____ Suite No.: _____ Tax Folio No.: n/a
 Lot: _____ Block: _____ Subdivision: _____ PB Page: n/a
 Current Use: _____ Proposed Use: _____

*** Property Owner Information:**

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Work: _____ Email: _____

Lessee Information/Owner's Agent:

Name: n/a Address: n/a
 City: n/a State: n/a Zip Code: n/a
 Telephone: n/a Work: n/a Email: n/a

Contractor Information: License No: EG13000491

Name: FrontPoint Security Qualifier's Name: Peter Rogers
 Address: 1595 Spring Hill Rd Ste 110, Vienna, VA Email: permits@frontpointsecurity.com
 City: McLean State: VA Zip Code: 22102
 Telephone: 703-776-9100 Fax: 866-418-2082 Other Telephone: _____

*** Information of Authorized Person to Pick up Permit:**

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Work: _____ Email: _____

Type of Improvement (Detailed Scope of work):

Burglar alarm self-installed by owner. No electrical work required.

Zoning: n/a Construction Cost: \$999 Construction Type: n/a
 Square Feet: n/a Lineal Feet: n/a Group Occupancy: n/a
 No. of Units: n/a No. of Floors: n/a Gallons: n/a Building Height: n/a

RESIDENTIAL (R) COMMERCIAL (C) MULTI-FAMILY (M)

Building Permit Electrical Permit Mechanical Permit Plumbing Permit Change of Contractor/Architect/Engineer

Awning Canopies Parking Lots Signs Feeders Boiler Install Change of Qualifier

Commercial Swimming Pools Slabs Electric Services Fire Sprinklers Re-Certification of Plans

Demolition Residential Temp Work Electric System Settling Tanks Revision of Plans

Fence Roof Temp Trailers Temp Services Water Treatment Plants Permit Renewal

Gutters Sheds Windows Doors A/C & Refrig. Other: Burglar Alarm

Architect Information: License No: n/a

Name: n/a Address: n/a
 City: n/a State: n/a Zip Code: n/a
 Telephone: n/a Fax: n/a Email: n/a

Engineer Information: License No: n/a

Name: n/a Address: n/a
 City: n/a State: n/a Zip Code: n/a
 Telephone: n/a Fax: n/a Email: n/a

Flood Criteria

Flood Zone: n/a B.F.E.: n/a Map #: n/a Date: n/a

Property Market Value	Construction Job Value	Improvement Ratio	Square Footage	Bottom of Lowest Structural Horizontal Member Elevation

ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS
Revised 03/25/2011



City of Miami Gardens

Building Services Division
1515 NW 167th Street, Bldg. # 4, Suite # 180
Miami Gardens, FL 33169
www.miamigardens-fl.gov

OWNER-BUILDER DISCLOSURE STATEMENT

The laws governing the State of Florida provide that a sole qualified owner may make application for a permit, provided the work under said permit is exclusively for the owner's occupancy and use. No more than one permit will be issued, to an owner-builder in a twelve (12) month period for a new Single Family Residence. The law requires that we provide you with the following disclosure statement:

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law (FRS. 489.103.) The exemption allows you, as the owner, of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build, or improve a one-family or two-family residence. You may also build or improve a commercial building at a cost of \$75,000.00 or less.

The building must be for your own use and occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one (1) year after the construction is completed, the law will presume that you have built it for sale or lease, which is a violation of the exemption. You may not hire an unlicensed person to act as your contractor or subcontractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have the licenses required, by state law and by county and municipal ordinance. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed, must work under your supervision and must be employed by you, which means you must deduct FICA and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, Florida Building Code, and zoning regulations.

PROOF OF OWNERSHIP:

Legal description and name of document of proof must correspond to the name and legal description of the application. You must submit proof of ownership of the property concerned in the application as:

- * Recorded Quit Claim Deed;
- * Recorded Special Warranty Deed;
- * Recorded Warranty Deed;
- * Miami Dade County Tax Receipt;
- * For Commercial Properties a copy of lease, if applicable.

INSURANCE:

You should be advised that if your day labor employees cause any damage to persons or property, or if any of your day labor employees are injured on the job, **YOU ARE LIABLE**. Your regular home insurance policy ordinarily does not cover this type of liability.

DEMOLITION WORK:

In addition to meeting Florida Building Code requirements, you are responsible for disconnecting all utilities, including water, sewer, septic tank, electrical services, gas, telephone, cable TV, etc., prior to commencing demolition. You are also required to obtain a permit from the State of Florida Department of Health and Rehabilitation Services (DOH) in order to abandon any septic tank that is on the property.

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, SEPTIC TANK, PLUMBING, ROOFING AND MECHANICAL WORK

IMPORTANT NOTICE - Please Read

1. **Work may begin** only after receiving a validated permit and permit card. Applying of a permit does not grant the right to begin construction.
2. **The construction, demolition, alteration and/or repair of any building** shall take place between the hours of 7:00 a.m. to 8:00 p.m. on weekdays.
3. **All construction of demolition areas** must be maintained in a clean, neat and sanitary condition free from construction debris.
4. **Streets and neighboring properties** surrounding the construction site shall be kept free from dirt and debris.
5. **Swales** must be protected from being damaged by equipment or vehicles.
6. **Construction trailers** are prohibited on single-family residential construction sites. Other construction may have a trailer, which requires a separate permit.
7. Department of Health and Rehabilitative Services (HRS) approval is required for applications involving **septic tanks**. Department of Environmental Resource Management (DERM) and/or Miami-Dade Water and Sewer Department (MDWASA) approval is required for applications involving **sewers**.
8. **Portable toilets** for a construction site requires a separate permit.
9. **Do no discharge water** into the right of way or storm drains without approval from the Bldg. , Planning/Zoning Departments.
10. **Equipment and materials** shall be stored at least 10 feet from the edge of the right-of-way.
11. **Permit card, Permit and Plans** must be kept on site, be visible at all times, and be in good condition.
12. **Owner agents** must have an affidavit on file or one must be brought with the permit application
13. **Condo Association Letter of Approval** must be brought with the permit application.



City of Opa-locka Alarm Application



Please fill in the appropriate responses and mail with payment to **Buildings & Licenses Department, City of Opa-Locka 780 Fisherman St., Opa-Locka, FL 33054.** Payment can be made in the form of money order, personal or business check, payable to **City of Opa-Locka.** **All areas must be completed:**

Office Use Only	Type of Application	<input type="checkbox"/> New Permit \$75 <input type="checkbox"/> Renewal/WOFA \$25 <input type="checkbox"/> Renewal/WFA \$75 <input type="checkbox"/> Change of Information
	Type of Permit	<input type="checkbox"/> Residential <input type="checkbox"/> Business
Office Use Only	Type of Alarm	<input checked="" type="checkbox"/> Standard Burglar <input checked="" type="checkbox"/> Silent Robbery <input checked="" type="checkbox"/> Medical Emergency <input type="checkbox"/> Listening Device

Address of Alarm Site	
Mailing Address if Different	
Business Name	
List the name of your alarm company and two persons who will come to your residence or business if needed by law enforcement.	
Alarm Company	FrontPoint Security
Alarm Company Address	Address: 1595 Spring Hill Rd Ste 110, Vienna, VA 22182 Phone: 703-776-9100
1st Contact	Name: Phone:
2nd Contact	Name: Phone:
List address, phone and driver's license number for the person who is responsible for the alarm at the location	
Person Responsible	
Phone:	
Drivers License Number	

By my signature below; I acknowledge that I agree to comply with the City of Opa-Locka Ordinance No. 99-16, § 1, 9-22-99, in the operation of the alarm at the above listed site.

Signature

Printed Name

Date



VILLAGE OF EL PORTAL, ALARM PERMIT APPLICATION PERMIT EXPIRES SEPTEMBER 30, 20

1) Name of Business or Resident

2) Address

3) Zip Phone

LOCATION OF PROPERTY FOR POLICE TO RESPOND

4) Mailing Address (if not same as above)

5) City State Zip Code

OFFICE USE ONLY

PERMIT NO.

Your must notify your Alarm company of the VALID permit number for POLICE RESPONSE

DATE

Clerk

CK. # AMOUNT \$

PERMIT(S) AMOUNT \$

INVOICE(S) AMOUNT \$

Computer Entry

6) Business Applicants Only: Name, Address and Phone of whom you rent building space from

Emergency Listing List individuals with keys to respond in case of an emergency to shut off alarm

7) Name Phone Name Phone Name Phone

YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID PERMIT NUMBER FOR POLICE RESPONSE

8) Alarm Company Servicing Alarm System Frontpoint Phone 703-776-9100

9) Alarm Company Monitoring Alarm System Rapid Response Phone 800-932-3822

10) Name of Person Completing Application Phone

WHITE - POLICE DEPARTMENT YELLOW - ALARM USER



PERMIT APPLICATION

MASTER PERMIT #:				SUBSIDIARY PERMIT #:			
Owner's Name			Tax Folio #				
Owner's Address					Telephone		
Contractor/Company			self-installed by owner			Telephone	
Contractor's Address			n/a				
Qualifier's Name		n/a			State License #		n/a
Job Address							
Architect/Engineer			n/a			Telephone	
Mailing Address			n/a				
PERMIT CATEGORY		BUILDING <input type="checkbox"/>	ROOF <input type="checkbox"/>	ELECTRIC <input checked="" type="checkbox"/>	MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	
Present Use of Property				Proposed Use			
Square Footage/Dimensions				Units/Dimensions			
Value of New Work		\$999		Existing Building Value			
I HEREBY MAKE THIS APPLICATION FOR THE FOLLOWING WORK (Be Specific):							
Self-installed wireless alarm system. Installed by the home-owner.							
No electrical work required.							
FEE CALCULATION							
SQUARE FEET X 1% =		\$ _____		Minimum New Construction Cost or Job Value			
JOB VALUE X 1% =		\$ _____		B.H. Permit Fee (minimum \$100.00)			
JOB VALUE X .60 PER \$1000.00 =		\$ _____		Code Compliance Fee			
ENGINEER REVIEW =		\$ _____		(Leave blank for processor)			
RADON GAS =		\$ _____		(Leave blank for processor)			
DOUBLE PERMIT FEE =		\$ _____		(Leave blank for processor)			
TOTAL =		\$ _____					



NOTICES

- 1. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of laws regulating construction in this jurisdiction. I UNDERSTAND THAT SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, AND ROOFING WORK, AND THAT ADDITIONAL PERMITS MAY BE REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.
- 2. You must record a "Notice of Commencement" with Metropolitan Dade County. Failure to do so may result in you paying twice for improvements to your property.

A "Notice of Commencement" shall be filed, and posted at the building site, in accordance with Section 713.35 of the Florida Statutes. If you are planning to spend more than \$2500 on building or improvement, you may wish to consult an attorney before recording your notice of commencement.

- 3. Do not begin any work until you have received your validated permit and permit card. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION.
- 4. The owner of the above property shall provide disclosure to the Building Official of any work done at the property in the prior twelve months. Further, I am fully aware that if the cumulative cost of all repairs to my home or business under this and any other permit issued in the last five years equals or exceeds fifty percent (50%) of the FAIR MARKET VALUE of said structure then the entire building must meet the present federal flood criteria for finished floor elevation. Further, I am fully aware that if the total cost of all repairs exceeds fifty percent (50%) of the REPLACEMENT COST of said structure, then the entire structure must conform to the current code provisions of the Florida Building Code.
- 5. Portable toilets for a construction site require a separate permit.

OWNER'S AFFIDAVIT

I certify that all the foregoing information is accurate, and that all work will be done in compliance with all applicable laws regulation construction and zoning. Furthermore, I authorize the above named Contractor to do the work stated.

BOTH NOTARIZED SIGNATURES ARE REQUIRED PRIOR TO PROCESSING PERMIT APPLICATION. (PLEASE READ ABOVE NOTICES FOR IMPORTANT INFORMATION.)

_____	n/a
Signature of Owner/Agent	Signature of Qualifier
_____	_____
Print Name	Print Name
_____	_____
Date	Date
_____	_____
Notary (as to Owner)	Notary (as to Qualifier)
Commission Expires:	Commission Expires:

NOTE: ONCE A MASTER PERMIT HAS BEEN OBTAINED THE OWNER'S SIGNATURE IS NOT REQUIRED ON SUBSEQUENT APPLICATIONS

**Permit applications/Permits Issued
8:00 am – 4:00 pm
Monday – Friday**

**Inspection Requests Accepted Daily by Building Dept.
Inspection Performed Within Two Business Days
(One Business Day Notice Required)**



IF A MASTER PERMIT HAS BEEN OBTAINED, THE OWNER'S NOTORIZED SIGNATURE NEED NOT BE PRESENT ON SUBSEQUENT APPLICATIONS. AN APPLICATION FOR BUILDING PERMIT MUST ACCOMPANY THIS ADDENDUM.

Electrical		Mechanical		Plumbing	
Item	Units	Item	Units	Item	Units
Air Conditioners		A/C Window		Area Drain	
Antenna/Cable		Above Ground Tanks		Backflow Device	
Appliance Outlets		Central Heating		Bath Tub	
Burglar Alarm		Cooling Towers		Bidet	
Master		Duct Work		Catch Basin	
Devices		Elevators/Escalators		Clothes Washer	
Prewire		Fireplace		Discharge Well	
Fixtures		Fire Sprinkler System		Drinking Fountain	
Generators/Transformers		Hot Water Boilers		Fire Standpipe	
Light Outlets		Mechanical Ventilation		Floor Drain	
Motors, H.P.		Procs. & Press Piping		Gas Range	
Oven		Refrigeration		Gas Piping	
Pool/Spa – Commercial		Space Heaters		Grease Trap	
Pool/Spa – Residential		Steam Generator		Indirect Waste Water	
Range Top		Steam Boilers		Interceptor	
Receptacles		Transporting Assembly		Laundry Tray	
Service – Temporary		U.F. PRSRE Vessel		Lavatory	
Service Size, In Amps		Underground Tanks		Lawn Sprinkler System	
Service Repair, MTR				Meter Set (Gas)	
Sign Time Clock				Pool Piping	
Signs, Square Feet				Roof Inlet	
Special Purpose				Sewer Connections	
Strip Heater, K.W.				Shower	
Switch Outlets				Sink Pot/3 Comp	
Water Heater				Sink Residence	
				Sink Slop	
				Soakage Pit (CU. FT.)	
				Solar water heater	
				Temp. Water Closet	
				Urinal	
				Utility – Tank	
				Utility – Sewer	
				Water Closet	
				Water Piping	
				Water Supply To:	
				A/C Condensate Drain	
				Fire Sprinkler	
				Fountain	
				HTR -- Replacement	
				HTR – New Installation	
				Water Service	

NO GARBAGE DISPOSALS ALLOWED



BUILDING DEPARTMENT REQUIREMENTS TO ISSUE A PERMIT

LICENSES

STATE LICENSE OR DADE COUNTY LICENSE WITH CC#

AND

IF STATE CERTIFIED, NEED OCCUPATIONAL LICENSE FROM COUNTY OR CITY WHERE THE COMPANY OFFICE IS LOCATED

IF STATE REGISTERED, OR IF REGISTERED WITH DADE COUNTY
NEED MUNICIPAL CONTRACTOR'S OCCUPATIONAL LICENSE FROM DADE COUNTY

INSURANCE

NEED CERTIFICATE OF INSURANCE WITH THE NAME OF YOUR COMPANY LISTED AS THE NAMED INSURED, AND **WITH BAL HARBOUR VILLAGE, 655-96TH ST, BAL HARBOUR, FL 33154 AS THE CERTIFICATE HOLDER.**

AND PROOF OF

GENERAL LIABILITY

WORKERS COMPENSATION (IF EXEMPT, MUST HAVE EXEMPT FORM FROM THE STATE STAMPED "PURGED" AND SHOWING THE EFFECTIVE AND EXPIRATION DATES)

**CHECK ALL LICENSES AND INSURANCE FOR VALID EFFECTIVE DATES
MAKE A COPY OF ALL DOCUMENTS FOR
THE BUILDING DEPARTMENT.**

Finance Department
655 – 96th Street
Bal Harbour, Florida 33154
(305) 866-4633



ALARM PERMIT USER CERTIFICATE **PROCEDURES**

All companies installing alarms must apply for an electrical permit through the Bal Harbour Village Building Department.

Once a **FINAL** electrical inspection is **APPROVED**, then the Owner must apply with the Bal Harbour Village Finance Department for an Alarm Permit User Certificate. **BAL HARBOUR VILLAGE WILL NOT ISSUE AN ALARM CERTIFICATE UNTIL A FINAL ELECTRICAL INSPECTION IS COMPLETED AND APPROVED BY THE BUILDING DEPARTMENT.**

The application fee for a User Certificate is \$25.00, with an annual renewal fee of \$20.00. The User Certificate is valid from November 1st through October 31st each year.

For additional information, please contact the following:

Building Department: (305) 865-7525

Finance Department: (305) 866-4633



ALARM USER CERTIFICATE APPLICATION			
DATE:			
BUSINESS/NAME OF BUSINESS:			
RESIDENCE/NAME OF OWNER:			
PROPERTY ADDRESS:			
CITY:	STATE:	ZIP CODE:	
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
ENTRANCE DOOR TYPE:		APPLICATION IS FOR:	
<input type="checkbox"/>	GLASS	<input type="checkbox"/>	NEW CERTIFICATE
<input type="checkbox"/>	SECURITY SHUTTER	<input type="checkbox"/>	RENEWAL CERTIFICATE EXISTING #:
<input type="checkbox"/>	OTHER		
EMERGENCY NOTIFICATIONS: LIST INDIVIDUALS WITH KEYS TO RESPOND			
NAME:	TITLE:	PHONE:	
NAME:	TITLE:	PHONE:	
NAME:	TITLE:	PHONE:	
ALARM COMPANY SERVICING ALARM SYSTEM: self-installed by owner			
PHONE:			
ALARM COMPANY MONITORING ALARM SYSTEM: Rapid Response			
PHONE: 800-932-3822			
NAME OF PERSON COMPLETING APPLICATION:			
PHONE:			
OFFICE USE ONLY:			
CERTIFICATE NUMBER:		BUILDING CLERK:	
FINANCE DEPARTMENT:		PERMIT NUMBER:	
CHECK NUMBER:		PERMIT HOLDER:	
AMOUNT:		FINAL ELECTRICAL INSPECTION:	
DATE:		DATE:	

BAL HARBOUR VILLAGE CODE SECTION 3-51 REQUIRES ALL BUSINESS AND RESIDENCES WITH ALARM SYSTEMS TO HAVE A VALID ALARM USER CERTIFICATE. FAILURE TO COMPLETE AND RETURN THIS APPLICATION WITH YOUR \$25 FEE (**PAYABLE TO BAL HARBOUR VILLAGE**) WILL RESULT IN **NO POLICE RESPONSE** TO YOUR ALARM SYSTEM. MAIL ALL COPIES OF YOUR COMPLETED APPLICATION TO: **FINANCE DEPARTMENT, 655-96TH STREET, BAL HARBOUR, FL 33154**. YOUR VALIDATED COPY WILL BE RETURNED WITH THE NEW CERTIFICATE DECAL. FOR FURTHER INFORMATION, CONTACT 305-866-4633.