

University Heights

The City of Beautiful Homes



BUILDING DEPARTMENT

Application ALARM SYSTEM

(PLEASE PRINT)

Location: _____

Owner: _____

Owner's Address: _____

City: _____ St. _____ Zip: _____

Owner's Phone: _____

Work Number: _____ Ext.: _____

TYPE OF PREMISES:

Residential-

Commercial-

Business Name

INSTALLATION COMPANY

Name: _____

Address: _____

City: _____ St.: _____ Zip: _____

Phone: _____

Installer: _____

SERVICED BY:

Name: _____

Address: _____

City: _____ St.: _____ Zip: _____

Phone: Day # _____

Evening # _____

Emergency # _____

Contact Person: _____

Does service company own system: Yes No

In case of emergency contact: (list three)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Briefly describe type of alarm system: _____

If system is to be installed on a commercial or business premises indicate operating hours:

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Type of line supervision (check one):

Steady current Current reversal Pulsating Other _____
DESCRIBE

Type of system (check one):

Manual Automatic Local Direct Intrusion Robbery Fire

Describe backup power system: _____

Ordinance 85-61 guidelines. Please answer yes or no.

YES/NO

- _____ The system is equipped with an audible alarm outside the premises.
- _____ The audible level will not exceed 85 decibels beyond the premises.
- _____ The system is equipped with an automatic 5 minute cut-off device to deactivate the alarm noise within 5 minutes of the first noise.
- _____ The sign placed on the premises will conform with part (H) of Ordinance 85-61 relevant to size, height and location.

APPLICATION IS HEREBY MADE FOR A PERMIT FOR A LOCAL ALARM SYSTEM OR A DIRECT ALARM SYSTEM, CONNECTING AT THE POLICE COMMUNICATIONS CENTER, 2304 WARRENSVILLE CENTER ROAD, UNIVERSITY HEIGHTS, OHIO 44118.

I CERTIFY THAT MY PLACE OF BUSINESS OR RESIDENCE SATISFIES ALL ELIGIBILITY AND OTHER REQUIREMENTS, AS PRESCRIBED BY ALL RULES AND REGULATIONS OF THE POLICE DEPARTMENT AND/OR THE FIRE DEPARTMENT IN THE INSTALLATION, MAINTENANCE AND OPERATION OF SAID ALARM SYSTEM.

I UNDERSTAND THE POLICE AND/OR FIRE DEPARTMENTS MAY REQUIRE DISCONNECTION OR RECONNECTION OF THE ALARM SYSTEM TERMINATING AT THEIR COMMUNICATION CENTERS. IN THE EVENT OF, OR NECESSITY FOR DISCONNECTION OR RECONNECTION OF SUCH ALARMS, THE COST THEREOF SHALL BE BORNE BY THE PERSON, FIRM OR ORGANIZATION FOR WHOSE SAFETY BENEFIT THE CONNECTION HAS BEEN MADE IN THE COMMUNICATION CENTERS.

I FURTHER UNDERSTAND THAT THE CITY OF UNIVERSITY HEIGHTS SHALL NOT ASSUME ANY LIABILITY WHATSOEVER BECAUSE OF THE APPROVAL OR DENIAL OF PERMISSION TO INSTALL A LOCAL ALARM OR A DIRECT ALARM SYSTEM. I AM AWARE OF THE ALARM ORDINANCES OF THE CITY OF UNIVERSITY HEIGHTS AND AGREE TO ABIDE BY THE PROVISIONS OF SAID ORDINANCES. I ACKNOWLEDGE THAT AUTOMATIC DIALING DEVICES ARE STRICTLY PROHIBITED AND FULLY UNDERSTAND THE PENALTY PROVISION RELATIVE TO FALSE ALARMS.

THE LOCAL ALARM OR THE DIRECT ALARM SYSTEMS FEE ACCOMPANIES THIS APPLICATION FOR A PERMIT, WHICH I UNDERSTAND WILL BE RETURNED TO ME IF THIS APPLICATION IS DENIED. I AGREE TO PAY ALL FUTURE CHARGES AS THEY BECOME DUE. FAILURE TO PAY SHALL AUTHORIZE IMMEDIATE CANCELLATION OF THE SERVICE BY THE CITY OF UNIVERSITY HEIGHTS.

I WILL ALSO NOTIFY THE BUILDING DEPARTMENT FOR INSPECTIONS OF WORK UPON COMPLETION OF INSTALLATION.

Signature _____ Date _____

_____ print name and title

FOR BUILDING DEPARTMENT USE ONLY

Application Number _____

Denied: _____ Date: _____ Fee Returned: _____

Approved by Chief of Police: _____ Date: _____

Approved by Building Commissioner: _____ Date: _____

Permit Number: _____ Date: _____ Fee: _____ Receipt Number: _____

Issued By: _____