



# CITY OF AVON

36080 CHESTER ROAD • AVON, OHIO 44011-1099 • (440) 937-7800 • FAX (440) 937-7824

## APPLICATION FOR RESIDENTIAL ALARM PERMIT (Ord. 124-96)

(Please type or print)

PLEASE CHECK ONE:

Update  
Information

New  
Application

DATE \_\_\_\_\_

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

PERMIT # \_\_\_\_\_

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

(Office use only)

ZIP CODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

1. NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Permit application  
to be filled out and  
returned.

2. NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

3. NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Type of premises (i.e. 2 story, brick, ranch, wood frame, stucco, etc.)to be protected: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: OFFICE \_\_\_\_\_ CONTROL CENTER \_\_\_\_\_

TYPE OF SYSTEM: Burglar [ ] Robbery [ ] Fire [ ] Central Monitoring [ ] Emergency Button [ ]

Local [ ] Other [ ] \_\_\_\_\_

OVER

*I agree to abide by the provisions of Chapter 1074 of the Avon Codified Ordinances (hereinafter Emergency Alarm Systems) and all rules and regulations of the Director of the Public Safety and the Avon Divisions of Building, Police and/or Fire in the installation, maintenance, and operation of my alarm system.*

*I agree and acknowledge that the City of Avon makes no representations, express or implied, that my alarm system is acceptable or fit for any particular purpose and I voluntarily waive and release the City of Avon and its employees, officers and agents, from any and all liability with respect to the operation of my alarm system or the approval, denial, or revocation of my alarm permit.*

*I fully understand that response to an alarm signal by the City of Avon, Division of Police and/or Fire, may require forcible entry into the premises to ascertain the security of persons and/or property. I authorize such action and agree to save and hold harmless the City of Avon and its employees, officers and agents, from any damage resulting therefrom.*

*I agree to pay all charges pursuant to the alarm ordinance within thirty (30) days when they become due. I agree to provide written notification to the Avon Division of Police and/or Fire within ten (10) days of a change in the information on this application. I understand that my permit may be subject to termination for failing to do either of the above.*

*I understand that my permit is not transferable and that it will be kept on file with the Avon Building Department and Avon Police Department. A copy of the alarm ordinance is available for my review at the Avon Police Department.*

APPLICANT'S TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

COMPLETE AND RETURN TO: City of Avon  
36080 Chester Road  
Avon, Ohio 44011

**DO NOT TYPE BELOW THIS LINE - FOR OFFICE USE ONLY**

APPLICATION APPROVED BY: \_\_\_\_\_ DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON DENIED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Public Safety