



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 539-8020 • Fax: (610) 539-6347

www.lowerprovidence.org

Application for a permit shall be made by the a) **owner** or lessee of the building or structure, by the b) **agent** of either, or by the c) **contractor** employed in connection with the proposed work.

ALARM PERMIT APPLICATION

SITE INFORMATION:

Site Address: _____

Property Use:

Residential

Commercial

Business Name: _____

Nonprofit

Business Name: _____

Church

Church Name: _____

School

School Name: _____

Government

OWNER / APPLICANT INFORMATION:

Property Owner Name: _____

Applicant Name: _____

Relationship to Property Owner: Owner Lessee Agent Contractor

Applicant's Mailing Address/City/Zip: _____

Applicant's E-Mail: _____

Applicant's Phone: _____

ALARM SERVICE INFORMATION:

Type of Alarm:

Fire

Security / Burglar

Other: _____

Alarm Company Name:

Alarm Company Phone:

Type of Alarm System:

Answering Service

Audible Alarm

Automatic Protection Device

Central Station Protective System

Alarm Company Address:

RESIDENTIAL EMERGENCY CONTACT INFORMATION:

Please list the contact information for two (2) individuals who have agreed to respond and grant access to the alarm site within thirty (30) minutes:

CONTACT NAME	PRIMARY PHONE	SECONDARY PHONE

CERTIFICATION:

The above information is true to the best of my knowledge. I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my permit. I also understand that Lower Providence Township may require additional information as permitted by Ordinance No. 462, and will supply such information upon request. The permit will not expire unless the property is transferred or sold.

Signature of Owner or Authorized Agent

Date of Submission

Print Name of Owner or Authorized Agent



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NON-RESIDENTIAL / COMMERCIAL EMERGENCY CONTACT LISTING

The following information is needed in order to update our Emergency Listing. Please notify us in the event of any changes in the information. Please neatly print or type all information. Additional persons may be listed on the reverse side.

LOCATION INFORMATION

Address: _____ Date Filed: _____

Business Name (if applicable) _____

Key Lock Box ☐ Yes ☐ No Key Lock Box Location: _____

Security Alarm ☐ Yes ☐ No _____

Panic Alarm ☐ Yes ☐ No _____

Alarm Company Name _____ Phone: _____

PROPERTY OWNER INFORMATION

Owner Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

TENANT INFORMATION

Tenant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

1. Tenant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

2. Tenant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

3. Tenant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Cell Phone: _____

Email: _____

COMMENTS

EMERGENCY MANAGEMENT AND PLANNING USE ONLY

GIS: _____ 911: _____ Dispatch: _____