

**TOWNSHIP OF LOWER HEIDELBERG, BERK COUNTY, PA
ALARM DEVICE PERMIT APPLICATION**

Office Use Only
PERMIT NUMBER _____

NAME: _____ BUSINESS NAME: _____
Home Address: _____ Business Address: _____

Telephone No.: _____ Telephone No.: _____
Cell No. _____ Cell No. _____
Fax No.: _____ Fax No. _____
Location at which the Alarm Device will be installed and operated: _____

Persons with keys who are authorized to enter premises where alarm is located but do not reside at the location of the Alarm Device. (Please provide at least two names)

Name: _____ Name: _____
Address: _____ Address: _____

Telephone No.: _____ Telephone No.: _____
Cell No.: _____ Cell No.: _____

Please give a complete description of the Alarm Device; all relevant facts of device and special coverage areas.

If the Alarm Device is leased, rented or serviced pursuant to a service agreement by a person other than Applicant, supply the following:

Leased or Rented from or Serviced by:
Name: _____ Address: _____
Telephone No. _____

The Applicant must sign the following statement:

"I (We), the undersigned Applicant(s) for an Alarm Device Permit, INTENDING TO BE LEGALLY BOUND HEREBY, state that neither I(we) , nor anyone claiming by, through or under me(us), shall make any claim against the Township or against a public service agency for any damage caused to the premises as which the alarm device, which is the subject of the application, is or will be located, if such damage is caused by a forced entry to said premises by employees, members or representatives of the Township or a public safety agency in order to answer an alarm from said alarm device at a time when said premises is or appears to be unattended or when in the discretion of said employees, members or representatives, circumstances appear to warrant a forced entry.

Further, I(we), hereby agree that, periodically and upon five (5) days written notice, the Township Chief of Police or his designee shall be allowed to enter my(our) premises at reasonable times for the purpose of inspecting my(our) alarm device installation in order to determine whether or not it is in accordance with the operational standards set forth in Section 101 of Chapter II of the Township of Lower Heidelberg Code of Ordinances regarding Alarms and Alarm Systems."

Further, I(we), hereby agree that in the event of a change to any of the information provided on this Application, I(we) agree to notify the Township within forty-eight (48) hours of such change.

Signed: _____ Signed: _____
PRINT NAME: _____ PRINT NAME: _____
Date: _____ Date: _____

OFFICE USE ONLY	DATE	BY	
Received			Fee Paid
Reviewed			Decision
Permit Issued			Permit No.
Inspected			Result

ALARM ORDINANCE REQUIRED OPERATIONAL STANDARDS

The following standards and information is required on alarm devices. Please indicate if your alarm system conforms to the requirements of the ordinance.

1. At least thirty (30) second delay between the time the alarm device receives a triggering stimulus and the time the alarm device transmits an alarm.

YES _____ NO _____

2. If the alarm system has an exterior bell, siren or sound-making device that activates on an alarm, the sound device will deactivate after twenty (20) minutes of operation.

YES _____ NO _____

3. At the time of installation, all alarm devices meet the applicable standards of the Underwriters Laboratories and or the National Fire Protection Association.

YES _____ NO _____

4. The sensory mechanism of the alarm device is adjusted to suppress false indications of fire or intrusion, due to impulses from transient pressure change in water pipes, wind noises, rattling or vibrating of doors or windows, or other forces unrelated to genuine alarm situations.

YES _____ NO _____

5. Attached to the permit application is a complete description of the Alarm Device including all relevant facts concerning the design and layout of the premises and, if possible, a copy of the operating instructions.

YES _____ NO _____