



INCORPORATED VILLAGE OF OCEAN BEACH

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597

ALARM PERMIT APPLICATION

****APPLICATION FEE \$100.00 PER ALARM****

*****ANNUAL PERMIT SERVICE FEE \$100.00 PER ALARM*****

NON-REFUNDABLE

APPLICANT'S NAME: _____

INSTALLATION BUSINESS NAME: _____

INSTALLATION ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: (HOME) _____ (BUSINESS) _____ (CELL) _____

INSTALLER'S NAME: _____

INSTALLER'S ADDRESS: _____

INSTALLER'S PHONE: _____ LICENSE NO. _____

****INSTALLER'S CERTIFICATE OF INSURANCE MUST BE PROVIDED****

****ALARM SYSTEM PLANS MUST BE PROVIDED****

SERVICE PROVIDER'S NAME: _____

SERVICE PROVIDER'S ADDRESS: _____

SERVICE PROVIDER'S PHONE: _____

Applicant's Signature

Date

- Make checks payable to Inc. Village of Ocean Beach
- **Regulations Pursuant to Village Code §40: Alarm Systems**

*****FOR OFFICE USE ONLY*****

Date Application Received: _____ Fee Paid: **\$100.00** Cash Receipt No.: _____