

# APPLICATION FOR ALARM PERMIT

## Application Checklist

- Alarm Permit Application**
  - **Alarm Permit Fee (Residential \$30.00) (Commercial \$100.00)**
  - **Alarm Installer Worker's Compensation Certificate**
  - **Alarm Installer Disability Insurance Certificate**
  - **Copy of NYS Alarm Installer License**
- Electrical Permit Application (for Wired Systems)**
  - **Electrical Permit Fee (\$50.00)**
  - **Third Party Inspection Agency Form**
- Construction Documents (Commercial Systems)**

**Note:** Additional information may be required.

**Incomplete applications will be returned without review.**

**Commercial Systems require Construction Documents Signed and Sealed by a NYS Licensed Design Professional to include but not limited to the requirements of the BCNYS and FCNYS Section 907.1.1.**

**A standard two (2) week review is typical for all applications. Additional time is required based on the extent and scope of work proposed.**

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**TOWN OF CORTLANDT**  
DEPARTMENT OF TECHNICAL SERVICES  
CODE ENFORCEMENT DIVISION  
Town Hall, 1 Heady Street  
Cortlandt Manor, NY 10567

914-734-1010      FAX 914-293-0991  
<http://www.townofcortlandt.com>      e-mail: [code@townofcortlandt.com](mailto:code@townofcortlandt.com)

Permit No. \_\_\_\_\_  
Date: \_\_\_\_\_

# TOWN OF CORTLANDT

## DEPARTMENT OF TECHNICAL SERVICES

Code Enforcement Division

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### ALARM PERMIT APPLICATION

#### **Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **Alarm Location:**

Address of Protected Premises: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

\_\_\_\_ One or Two Family Dwelling

\_\_\_\_ Residential Apartment

\_\_\_\_ Commercial

\_\_\_\_ Other \_\_\_\_\_

#### **Contact Persons:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **Alarm Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Expiration date of New York License: \_\_\_\_\_ License No. \_\_\_\_\_

\*\*\*\* ALARM INSTALLERS MUST BE LICENSED BY NEW YORK STATE \*\*\*\*

#### **Alarm System Information:**

##### Audible Device:

\_\_\_\_ Bell \_\_\_\_ Siren \_\_\_\_ Other \_\_\_\_\_

##### Power Source:

\_\_\_\_ House Current \_\_\_\_ Battery Backup

Type of Emergency System is Designed to Protect (check all that apply)

Burglary  Fire  Panic  Medical

If Medical Please Describe \_\_\_\_\_

Is System Monitored by a Central Station Alarm Company?

Yes Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

No (All dialers must go to central station)

FIRE DISTRICT: Mohegan  Continental Village  Verplanck  Montrose  Croton

AMBULANCE DISTRICT: Mohegan  Verplanck  Cortlandt VAC  Croton

Miscellaneous \_\_\_\_\_

Describe any information emergency services personnel need to know about this premises

\_\_\_\_\_  
\_\_\_\_\_

Give a complete and accurate description of how to get to the protected premises. Use main roads, landmarks and any other information that will assist emergency services personnel in reaching the location as quickly and safely as possible.

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ the \_\_\_\_\_ (owner, agent, etc.) am familiar with regulations governing this for an alarm system as stated in Local Law No. 5 of 1990 of the Town of Cortlandt.

\_\_\_\_\_  
Signed Date

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FOR OFFICE USE ONLY

Fee Paid: \$\_\_\_\_\_ (Residential \$30.00) (Commercial \$100.00)

Permit No. \_\_\_\_\_  
Date: \_\_\_\_\_  
SCA: \_\_\_\_\_

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**ELECTRICAL PERMIT APPLICATION FOR ALARM SYSTEMS**

Application is hereby made to the code Enforcement Division for the issuance of Permits pursuant to the Code of the Town of Cortlandt. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to all provisions of the Code of the Town of Cortlandt and laws of New York State. It is further agreed that the premises will not be occupied until a Certificate of Occupancy has been issued and all fees are paid in full.

**Site Data:**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Alarm Permit \_\_\_\_\_

Application for a permit is hereby made to cover electrical installations as stated below. Work on same will be commenced on or about \_\_\_\_\_, 20\_\_\_\_.

Street Address: \_\_\_\_\_

Existing Use & Occupancy \_\_\_\_\_ Proposed Use & Occupancy \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Lessee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Alarm Installer:**

Name: \_\_\_\_\_ NYS License #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Type of Emergency System is Designed to Protect (check all that apply)**

\_\_\_\_\_ Burglary \_\_\_\_\_ Fire \_\_\_\_\_ Panic \_\_\_\_\_ Medical

If Medical Please Describe \_\_\_\_\_

It is hereby agreed that all work shall be done to conform to the rules, regulations and ordinances of the Town of Cortlandt, State of New York, and in compliance with the requirements of the National Electrical Code governing such installations.

Check one:  NY Electrical Inspection Service (NYEIS)  Statewide Inspection Services (SWIS)

**Notarization:**

State of New York, County of Westchester: \_\_\_\_\_ being duly sworn deposes and says that he is the person who signed this instrument and duly acknowledged that he executed the same for the purposes therein contained.

Sworn to before me this \_\_\_\_\_

Signature: \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public: \_\_\_\_\_