



# BUSINESS OR RESIDENTIAL ALARM PERMIT

CITY OF HOPEWELL FIRE DEPARTMENT

300 N. MAIN STREET

HOPEWELL, VIRGINIA 23860

CHECK ONE  RESIDENTIAL  
 COMMERCIAL  
A SEPARATE PERMIT MUST BE COMPLETED  
FOR EACH LOCATION

PLEASE TYPE OR  
PRINT LEGIBLY

**BUSINESS OR RESIDENT NAME & LOCATION OF PREMISES (TENANT NAME IF APPLICABLE)**

BUSINESS OR RESIDENT NAME (LAST, FIRST, M.I.) BUSINESS HOURS WEEKDAYS SATURDAY SUNDAY

HOME ADDRESS (STREET#) (STREET NAME) BUSINESS ADDRESS (STREET#) (STREET NAME)

HOME PHONE NUMBER BUSINESS PHONE NUMBER

**CONTACT PERSONS OTHER THAN TENANT, BY ORDER OF PREFERENCE**

**LIST AT LEAST TWO PERSONS WHO ARE AUTHORIZED TO SECURE THE PREMISES IN THE EVENT OF AN ALARM ACTIVATION**

NAME(LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE#

NAME(LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE #

NAME (LAST) (FIRST) (M.I.) HOME PHONE# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# BUSINESS PHONE#

**OWNER(S) OF PREMISES (IF DIFFERENT FROM TENANT)**

NAME(LAST) (FIRST) (M.I.) HOME# BUSINESS# CELL OR PAGER#

ADDRESS (STREET#) (STREET NAME) SUITE/APT# STATE ZIP

**MAILING ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM LOCATION)**

ADDRESS (STREET#) (STREET NAME) SUITE/APT# STATE ZIP

**ACTIVATION TYPE (CHECK ALL THAT APPLY) ALARM SIGNAL**

SECURITY  MOTION  HOLD-UP  OTHER  AUDIBLE  SILENT  
 FIRE  SPRINKLER  PULLSTATION  DETECTORS

IF MONITORED, BY WHAT ALARM COMPANY:

ADDRESS: BUSINESS PHONE#:

ALARM SERVICE COMPANY, IF DIFFERENT FROM ABOVE:

ADDRESS: BUSINESS PHONE#:

**SAFE-INFORMATION** IS THERE A SAFE ON THE PREMISES?  YES  NO IF YES, GIVE EXACT LOCATION IN BUILDING

OTHER PERTINENT INFORMATION ABOUT THE MERCHANT/ALARM SYSTEM:

**IF THIS FORM IS BEING USED FOR AN ALARM PERMIT APPLICATION, READ AND SIGN BELOW.**

BY SUBMISSION OF THIS APPLICATION ONLINE OR IN PAPER FORMAT, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT; AND THAT I HAVE REVIEWED AND WILL ABIDE BY ALL PROVISIONS OF CITY CODE CHAPTER 15 - ALARM SYSTEMS. Chapter 15 article IV

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(ONLINE APPLICANTS PLEASE TYPE IN NAME.)

WHITE-POLICE RECORDS COPY YELLOW - ALARM COMPANY COPY GOLDENROD- COMMUNICATIONS PINK- PERMIT HOLDER COPY