

**ALARM SYSTEM / LOW VOLTAGE
PERMIT APPLICATION**

ALARM SYSTEM (FIRE / BURGLAR)
(check State Certification)

LOW VOLTAGE - Voice, Data, Cable, Phone, Other _____

JOB ADDRESS: _____

SUBDIVISION: _____ **LOT#** _____

OWNER/BUILDER'S NAME: _____ **PHONE#** _____

- | | |
|--|--|
| <u>TYPE OF OCCUPANCY:</u> | <u>WORK TO BE DONE IN:</u> |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> NEW BUILDING |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> BUILDING ADDITION |
| <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> EXISTING BUILDING |
| | <input type="checkbox"/> OTHER |

Permit fees shall be based on the following schedule:			
Select One			Show # of bldgs.
	Single Family Residential / Garden Homes	\$ 20.00	
	Townhomes	\$ 20.00 per building	
	Apartments / Condominiums / Duplex	\$ 30.00 per building	
	Commercial / Non-Residential	\$ 50.00 per building	

FOR NON-RESIDENTIAL ONLY: State of Alabama Construction Industry Craft Training (CICT) Fee (\$1.00 per \$1,000):

Total Construction Cost: _____

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING THE INSTALLATION OF ALARM SYSTEMS. I AM THE OWNER OR AM AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK.

COMPANY NAME: _____

ADDRESS: _____

(City) (State) (Zip Code) (Phone No.)

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

_____ BUILDING OFFICIAL	_____ DATE	_____ PERMIT FEE	_____ PERMIT NO.
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