

## Haverford Township

Date: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Est. Cost: \_\_\_\_\_

1014 Darby Road  
 Havertown, Pa. 19083  
 610-446-1000 Ext. 2251  
**Alarm Device Application Permit**

Commercial: \_\_\_\_\_  
 Residential: \_\_\_\_\_  
 Burglar: \_\_\_\_\_  
 Fire: \_\_\_\_\_

Address of Property: \_\_\_\_\_

**Owner**

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

**Tenant**

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

**Contractor**

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

**Monitoring Co.**

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

Existing Building _____
New Construction _____

Coverage	Installation	Alarm Type
_____ Total	_____ New                      _____ Repair	_____ Manual
_____ Partial	_____ Addition	_____ Automatic
	_____ Alteration	_____ Local
		_____ Monitored

No. smoke detectors: \_\_\_\_\_ No. heat detectors: \_\_\_\_\_ No. Co detectors: \_\_\_\_\_

No. horn/strobes : \_\_\_\_\_ No. pull stations: \_\_\_\_\_ No. annunciator panels: \_\_\_\_\_

Description of work:

**I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all Township ordinances and state laws.**

**Any application made to this office for fire alarm systems must be accompanied by drawings of said system prior to approval of application.**

**The above application has been approved:**

\_\_\_\_\_  
 Applicant Signature

By: \_\_\_\_\_ Date: \_\_\_\_\_