

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: _____

Monitoring Co.

Name: _____
 Phone: _____

Contractor

Name: _____
 Address: _____

 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: _____