

Village of Mamaroneck - Alarm Permit Application



Village of Mamaroneck
123 Mamaroneck Avenue
Mamaroneck, NY 10543
Phone (914) 777-7722 Fax (914) 777-7787

*****READ ENTIRE PACKET BEFORE FILLING OUT*****

ANNUAL ALARM PERMIT FEE

Please remit payment to "Village of Mamaroneck"

The following items are included in this packet:

- A. An Alarm Permit Application
- B. An Alarm System Information Form
- C. A General Information Sheet

Please fully complete and return the Alarm Permit Application (pages 2 & 3) and the Alarm System Information Form (page 4) and the annual Alarm Permit Fee. You may either mail, fax the completed forms to the above address. Once your application is received and processed by this office, you will then receive a receipt with your permit number from us. The General Information Sheet has been supplied for your records and should not be returned to this office.

A copy of the Village of Mamaroneck Code, Chapter 88, Alarm Devices & Systems is available upon request.

Please feel free to contact this office if we may be of further service to you.

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FOR OFFICE USE ONLY

PERMIT # _____

ISSUE DATE: _____

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OWNER INFORMATION:

Name _____ D.O.B. ____/____/____ M / F

Home Address: _____
Street Apt# /Suite

City/Town State Zip

Phone #1: (____) ____ - ____ Type: Home / Work / Cell / other _____

Phone #2: (____) ____ - ____ Type: Home / Work / Cell / other _____

Phone #3: (____) ____ - ____ Type: Home / Work / Cell / other _____

ALARM LOCATION: ☐ **Residence** ☐ **Business**

Address of Protected Premises: _____
(EXACT ADDRESS PLEASE-NO PO BOX): Number Street Name (If used) Floor/Suite/Unit/Apt #

Phone Number of Protected Premises: (____) ____ - ____

Mailing Address (If Different From Above): _____

Type of Residence:

Single Family House Multi-Family House Condo/Townhouse Apartment Complex

Type of Business:

Office Warehouse Retail Sales Restaurant/Deli Other _____

Business Name: _____

* If new business, please indicate what business was previously at this location: _____

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CONTACTS:

**Contact persons should be family, friends, or neighbors who can access your premises and/or disable your alarm in case of an emergency; or be able to contact you.*

Call 1: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #2: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #3: (____) ____-____ Type: Home / Work / Cell / other _____

Call 2: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #2: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #3: (____) ____-____ Type: Home / Work / Cell / other _____

Call 3: Name _____ D.O.B. ____/____/____ M/F

Address: _____
Street Apt# City/Town State Zip

Relationship to Location/owner: _____ Key Holder? Y/N

Phone #1: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #2: (____) ____-____ Type: Home / Work / Cell / other _____

Phone #3: (____) ____-____ Type: Home / Work / Cell / other _____

Examples of Relationships:

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Owner Neighbor Custodian President
Spouse Friend Landlord Management
Relative Tenant Bldg Mgr/Super Employee

POWER SOURCE: ☐ House Current ☐ Battery Backup ☐ Both

TYPE OF EMERGENCY SYSTEM IS DESIGNED TO PROTECT (Check all that apply)

☐ Burglary ☐ Fire ☐ Carbon Monoxide ☐ Panic ☐ Medical Other _____ (Describe)

Alarm Installer/Service Co.

ALARM INSTALLERS MUST BE LICENSED BY NEW YORK STATE

Alarm Agent:		Phone: () -	
Address:			
City/Town/Village:		State:	Zip:
New York State License Number:		Expiration Date:	

Monitoring Company (if different from above)

Name of Company:		Phone: () -	
Address:			
City:		State:	Zip:

Describe any information Emergency Services Personnel need to know about this premises, including any weapons, safe location, guard dogs, and if there any night lights on motion sensors.

Give a complete and accurate description of protected premises, use landmarks, prominently displayed signs or any other information that will assist Emergency Services Personnel in locating the premises as quickly and safely as possible.

I, _____ the _____ of
(Owner, Agent, Etc.)

(Address of Premises)

am familiar with the Regulations governing this permit for an alarm system as stated in Chapter 88 of the Village Code of the Village of Mamaroneck, dated August 11, 2005 as amended.

Signed

Date

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General Information

**BY LAW ALARM SYSTEMS CANNOT BE CONNECTED TO 911,
THEY MUST COME TO OUR DEPARTMENT OVER 914-777-7783**

FINE FOR FAILURE TO REGISTER ALARM:	1st Offense	\$150.00
	2nd Offense	\$250.00
	3rd Offense and thereafter	\$500.00

INITIAL ALARM PERMIT FEE: \$65.00

ANNUAL RENEWAL FEE: \$65.00

This year's alarm billing will run from August 1st through July 31st

FEE SCHEDULE FOR FALSE ALARMS PER BILLING YEAR:

Number of False Alarms	Charge	Number of False Alarms	Charge
1 st through 2nd	0.00	3rd through 10th, each	\$200.00
		11th or more, each	\$700.00

1. The Alarm Company **MUST** provide the following information when reporting an activated alarm to the Police Department. **(It is your responsibility to notify your Alarm Company of your Permit Number).**

- Permit number (Issued at time upon receipt of payment)
- Name of Resident or Business
- Address of Alarm
- The area of activation
- Type of Alarm

***FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN SUSPENSION
AND/OR REVOCATION OF YOUR ALARM PERMIT***

2. If you have a panic, fire, or medical alarm and it is activated, the police department will respond. If no one answers the door, we will attempt to notify a key holder. If none is available, we will enter the premises to investigate the alarm.

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3. The Village of Mamaroneck does not take the responsibility of notifying you of an alarm. Make sure that your Alarm Company or Central Station has been instructed to notify you if they receive an alarm activation.

4. Return this registration/application form to:

Village Clerk/Treasurers Office
Village of Mamaroneck
123 Mamaroneck Avenue
Mamaroneck, N.Y. 10543

5. Please make all payments payable to The Village of Mamaroneck.

Note: All monies received by this Office for alarm fees and fines are deposited into the Village of Mamaroneck General Fund.