BOARD OF SELECTMEN

TOWN OF EGREMONT

P.O. Box 368
South Egremont, MA 01258-0368

Alarm System Permit Application
Application Fee $60.00
Annual Permit Fee $25.00

Date:_____

Name of Owner/User:_____
Property Address:_____
Mailing Address:_____
Phone/Local:_____Phone/Other_____
Type of Alarm(s): (F) Fire _____ (P) Police _____ (O) Other_____

	F	P	O
DIRECT DIAL			
AUDIBLE			
VISUAL			
OTHER			

Specify Other: _____

-Alarm Pad Location in the house:_____
-Nearest cross street/landmark_____
-On reverse side, draw a small plot of the property showing location of the building.
-Authorized person(s) who may be contacted when owner/resident is unavailable:

Name:_____Address:_____Phone_____

Name:_____Address:_____Phone_____

Alarm Monitoring Station: Company: _____ Phone: _____

Is there an external shut off available to emergency personnel? Yes____ No____
Knox Box? Y___ N____

Is Alarm System installed with an automatic timing device which shall deactivate alarm so it will be activated for no more than fifteen (15) minutes? Yes____ No____

On break-in/burglary alarm: Is a mandatory minimum delay of fifteen 15 seconds to enable user to abort signal to Police Department if triggered accidentally? Yes____ No____

Dialing device shall dial police and/or fire department, no more than twice for any one incident? Yes____ No____

Alarm Installer Name:_____Phone:_____

Address_____

Alarm Installer must contact Wire Inspector Ted Piontek for inspection of system, prior to issuance of permit (413-274-6605).

Wire Inspector Signature: OK _____Date:_____
Ted Piontek