

Security Alarm/Detection Permit



CITY OF BARTLESVILLE (9-2008)

New Existing

Date received ___/___/___

Installation Address:

Suite No. Floor

Received by _____

Business Name:

Multi-Story Yes No

Strip Mall Yes No

Zoning:

Type Occupancy:

Type of Dwelling: Single Family Duplex Apartment

Owner Information

Property Owner

Address

City

State

Zip

Phone #

Fax #

E-Mail

Contractor Information --State of Oklahoma and Bartlesville License Required

Installation Contractor

Address

License #

City

State

Zip

Phone #

Fax #

E-Mail

Monitoring Company Information --State of Oklahoma and Bartlesville License Required

Alarm Monitored By:

Address

License #

City

State

Zip

Phone #

Fax #

E-Mail

Alarm Sales Information --State of Oklahoma and Bartlesville License Required to Sell to Customer

Alarm Monitored By:

Address

City

State

Zip

Phone #

Fax #

E-Mail

Alarm System and Installation Information

Alarm Function: Monitor Fire Sprinklers; Smoke/Fire Detection; Burglar Detection; Medical Notification

Sensors: Doors No. ___ Windows No. ___ Motion No. ___ Smoke No. ___ Heat No. ___ Camera No. ___

Is Existing Building Sprinkled? Yes No Alarm to be: Wired or Wireless Keyless Manual or Automatic

System Manufacturer:

City

State

Zip

Applicant Phone: Office ___-___-___ Cell: ___-___-___

Applicant: _____ Date _____

Applicant Address:

E-Mail Address

ALARM INSTALLATION APPROVED By _____ DENIED By _____ FEES _____

City of Bartlesville Official

Official Signature _____ Title _____ Date ___/___/___