

**BURGLAR/FIRE ALARM
PERMIT APPLICATION**

Location of Burglar/Fire Alarm:

Company Name: _____

Street Address _____

Contact Person: _____

Phone #: _____

Burglar Alarm Permit Fee \$50.00 each - # of Alarms at above location: _____

Fire Alarm Permit Fee \$50.00 each - # of Alarms at above location: _____

Amount Enclosed: _____

Company that services your alarm: _____

Billing information if different than above:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone # _____

Ginny Bello (201) 531-7183

This application must be returned by January 31

All permits expire on December 31

For Office Use Only

Burglar Permit # _____ **Date Paid:** _____ **Check #** _____

Fire Permit # _____ **Date Paid:** _____ **Check #** _____

Return: Borough of Carlstadt, 500 Madison Street, Carlstadt, NJ 07072
Attention: Ginny Bello