

BOROUGH OF CARLSTADT

500 Madison Street
Carlstadt, NJ 07072

**BURGLAR/FIRE ALARM
PERMIT APPLICATION 2015**

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: \$ _____

Make checks payable to: **Borough of Carlstadt**

Company that services your alarm: _____

Billing information if different than above:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone # _____

All permits expire on December 31, 2014.

This application must be returned by January 31, 2015.

For Office Use Only

Burglar Permit # _____ Date Paid: _____ Check # _____

Fire Permit # _____ Date Paid: _____ Check # _____

For information or questions contact:

Denise Oehlmann

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