

Please complete the attached Alarm Permit Application.

Your signature is required on **both** page 2 **and** page 3.

An application fee of \$5.00 is to be submitted with permit application.

Please return to:

Village of Newark  
Attn: Robbin Bremer  
100 East Miller Street  
Newark, New York 14513

**VILLAGE OF NEWARK**  
**ALARM PERMIT APPLICATION**

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**OFFICE USE ONLY**

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Reviewed/Approved By: \_\_\_\_\_

Alarm Permit Number: \_\_\_\_\_

Alarm Permit Fee: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Date Approved: \_\_\_\_\_

\_\_\_\_\_ Initial Application

\_\_\_\_\_ Renewal Application,

Current Permit No. \_\_\_\_\_

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**ALARM PERMIT APPLICANT**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PROPERTY OWNER IF DIFFERENT FROM APPLICANT**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**ALARM LOCATION:**

Street Address: \_\_\_\_\_

Type of Alarm:    ☐ Fire   ☐ Water Flow   ☐ Smoke Detection  
                         ☐ Manual Pull Station   ☐ Heat Detection  
                         ☐ Kitchen Hood Extinguisher   ☐ Medical  
                         ☐ Hold-Up   ☐ Security   ☐ Other

Type of User:   ☐ Residence   ☐ Business   ☐ Government  
                         ☐ Industrial   ☐ Non-Profit

Type of Business or Activity \_\_\_\_\_

Hours of Operation \_\_\_\_\_

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Applicant Signature
Date

**VILLAGE OF NEWARK**  
**ALARM PERMIT APPLICATION**

(Page 3)

In the event of nuisance activations of an alarm system, and in the absence of a competent service technician, the Newark officials are authorized to disconnect such alarm system from notifying emergency personnel. In the event of a disconnection, the Village of Newark, and any official having the authority to disconnect, shall not be liable.

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Signature of Applicant or Property Owner (if different)

Date