



TREDYFFRIN TOWNSHIP
1100 DuPortail Road, Berwyn, PA 19312-1079
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APPLICATION FOR AUTOMATIC PROTECTION DEVICE PERMIT

PERMIT FEE: \$45.00 (Fee paid one time while at location)

Fee waived for 65+, please include copy of Driver's License

☐ Commercial

DATE: _____

☐ Residential

(Please type or print clearly)

1. NAME: _____ PHONE: _____

2. EMAIL ADDRESS: _____

3. LOCATION OF PROPERTY: _____

***EMERGENCY CONTACT NAME & PHONE (other than owner): _____

4. TYPE OF DEVICE: ☐ Hold-up ☐ Burglar ☐ Fire ☐ Other: _____

5. PRE-EXISTING SYSTEM: ☐ Yes ☐ No

*****PERMITS ARE NON-TRANSFERABLE, CHANGE OF OWNERSHIPS MUST RE-REGISTER FOR PERMIT**

6. INSTALLATION START DATE: _____ COMPLETION DATE: _____

7. ALARM MONITORING COMPANY: _____

8. ALARM COMPANY ADDRESS: _____ PHONE #: _____

The applicant understands false activations of an alarm system are subject to fines as specified in a Burglar/Fire Alarm Ordinance (Number HR-365) of the Tredyffrin Township Codified Ordinances.

The Applicant authorizes Tredyffrin Township to permit the appropriate officers to enter upon the premises at such reasonable times, and upon reasonable notice, to inspect the installation and operation of the automatic protection device.

I hereby swear and affirm that the above statements are true, and that all work will be or has been done as described and will comply with all provisions of the Tredyffrin Township Burglar/Fire Alarm Ordinance.

(Signature of Applicant)

(Company Applicant Representative, if other than property owner)

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The foregoing application for a permit is approved and fee has been paid.

Date

Permit Number

Coordinator