



City of Cape Canaveral
100 Polk Avenue
Cape Canaveral FL 32920
Phone (321) 868-1220 Fax (321) 868-1247
afs@cityofcapecanaveral.org

ALARM PERMIT APPLICATION
Please return this form with payment

Application Date: _____

Alarm Information				
<input type="checkbox"/> Residential	<input type="checkbox"/> Security	<input type="checkbox"/> Automatic	<input type="checkbox"/> Fixed Heat Sensor	<input type="checkbox"/> Light Sensor
<input type="checkbox"/> Business	<input type="checkbox"/> Fire	<input type="checkbox"/> Manual	<input type="checkbox"/> Rate of Rise Sensor	<input type="checkbox"/> Motion Sensor
		<input type="checkbox"/> Audible	<input type="checkbox"/> Infrared Sensor	<input type="checkbox"/> Shock Sensor
		<input type="checkbox"/> Silent	<input type="checkbox"/> Water Flow Sensor	<input type="checkbox"/> Sound Sensor
			<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Door/Window

Business Name: _____

Nature of Business: _____

Business Address (physical location of alarm): _____

Business Phone Number: _____

Email: _____

Owner/Applicant Name: _____

Home Address (secondary contact): _____

Business Phone Number: _____ Nature of Business: _____

Name of Person in Charge of Premises: _____

Address: _____

Business Phone Number: _____ Nature of Business: _____

Monitoring Agency: _____

Address: _____

Business Phone Number: _____ Nature of Business: _____

Maintenance/Repair Contractor: _____

Address: _____

Phone Number: _____

Qualifier: _____ Florida License Number: _____

Emergency Contact Persons

Name: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____

Daytime Phone: _____ Evening Phone: _____

An amended application shall be filed within 10 days of any change of information contained above. Temporary changes shall be reported to the respective department immediately.

Signature: _____ Date: _____

For Department Use Only

Date Paid: _____ Amount: _____ Receipt #: _____

Cash Check#: _____ Received By: _____

Permit Number: _____