

CITY OF CREST HILL  
1610 Plainfield Road  
Crest Hill, IL 60403  
(815) 741-5100

Raymond R. Soliman, MAYOR

Vicki Hackney, CITY CLERK

Burglar Alarm Application

**Type of Application**

New: \$50.00   
Renewal: \$20.00   
Change of Information   
Cancellation of Permit

License Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**PERMIT MUST BE ISSUED BEFORE ALARM SYSTEM IS ACTIVATED TO AVOID FEES AND/OR FINES**

This application must be complete

**Alarm System for:**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(City)

(State/Zip Code)

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Emergency Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Hours of Operation:** Monday-Friday \_\_\_\_ - \_\_\_\_ Saturday \_\_\_\_ - \_\_\_\_ Sunday \_\_\_\_ - \_\_\_\_

**Closed for Lunch?** Yes  No  If Yes, what time: \_\_\_\_ - \_\_\_\_

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

**Resident's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(City)

(Apt #)

(State/Zip Code)

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Emergency Phone Number:** (\_\_\_\_) \_\_\_\_\_

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

**Mailing Address:** (If different from above)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(City)

(State/Zip Code)

**ALARM INFORMATION:**

**Alarm Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Apt #) (State/Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Monitored by:**  Same as Above

If different please provide contact information:

**Alarm Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (Apt #) (State/Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Type of Alarm:**  Burglary-Silent or Audible  Robbery-Silent or Audible  Panic-Silent or Audible

Fire-Silent or Audible  Medical-Silent or Audible  Other-Explain \_\_\_\_\_

**Emergency Contacts:** Please list at least two (2) **LOCAL** emergency contacts, other than the intended permit holder or alarm company, that are willing and able to respond **WITHIN 30** minutes to grant access, secure the property or deactivate the alarm system if the owner/occupant cannot be contacted.

<u>Name</u>	<u>Phone Number</u>	<u>E-mail</u>
1. _____	(H) _____	(C) _____
2. _____	(H) _____	(C) _____
3. _____	(H) _____	(C) _____
4. _____	(H) _____	(C) _____

**Statement of Hazardous Conditions at Alarm Site:** (Check the Statement that Applies)

\_\_\_\_The applicant/intended permit holder acknowledges and represents that there are no dangerous or special conditions present at the alarm site.

\_\_\_\_Dangerous or special conditions do exist at the alarm site. You are requested to attach to this application a detailed statement of the nature of the dangerous or special conditions for the safety of Law enforcement Officials and other First Responders that respond to activated alarms.

**By checking the following box, you the alarm permit holder** are authorizing the Police to access the alarmed premises in your absence. es No

**Permit Term:** An Alarm system permit shall be valid until the 30<sup>th</sup> day of June of a calendar year.

**Permit Renewal:** The permit holder, on or before the expiration of the alarm system permit, shall submit to the City of Crest Hill a renewal permit application, along with the applicable renewal fee. Failure to receive a notice of renewal **does not relieve the permit holder** of the responsibility of renewing the permit on time.

**Change of information on permit application:** The permit holder has an affirmative duty to amend any information contained or attached to the permit application that has changed or is out of date, and filed with the City of Crest Hill within thirty (30) days of the change in information or permit information was out of date.

By signing this application for an alarm system permit with the City of Crest Hill, I declare under penalty of perjury that I am aware of the City of Crest Hill Ordinance Chapter 5.48 and am familiar with its requirements and its penalties. In summation, I declare that I am aware that:

**A permit must be obtained for every Burglary/Robbery alarm system installed within the boundaries of the City of Crest Hill, city limits.**

It is the responsibility of the permit holder to **notify** the City of Crest Hill Clerk's Office of any modifications (change in mailing address, system removal, change to your emergency contact list, etc.) necessary to keep an issued permit current.

**A false alarm is any alarm where it is determined that no emergency was present.**

It is up to the alarm permit holder to contact the Police Non-Emergency number at (815) 741-5111 with any information regarding mechanical problems or other extenuating circumstances which the responding officer(s) may not be aware of.

There is a charge of \$10.00 for the first false alarm in the excess of **one** in any three month period. For each subsequent false alarm thereafter, the permit holder will be charged a fee of \$25.00.

By my signature below, I certify that the automatic protection or signaling device, related equipment and installation comply with the standards of the underwriter's laboratories, the National Fire Protection Association, Factory Mutual Electrical Code and the National Code. I hereby agree to faithfully comply with all rules, regulations, and ordinances of the City of Crest Hill pertaining to automatic and manual burglary, fire, and other protection alarms.

**Signature of Applicant:**

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(Signature)

(Date)