

THE CITY OF ELYRIA, OHIO

Christopher C. Eichenlaub
Safety Service Director
131 Court Street – Suite 301
Elyria, Ohio 44035
(440) 326-1404

RE: Alarm System Permits

Please be advised that according to Ordinance Number 87-193 passed by Elyria City Council on June 1, 1987, you are hereby required to obtain a permit for a residential or business alarm system. Per City ordinance, “No person shall operate, cause to be operated or permit the installation of an alarm system unless a current permit has been issued by the Safety Service Director for such system. The person in control of the property which the alarm system is designed to protect shall be subject to prosecution if he/she permits the operation of such system without a valid permit.” Alarm system permits are not transferable.

The fee for a permit for an alarm system installed on the premises used as a residence is \$5.00 and all others are \$25.00. Enclosed is an application for your convenience.

This application must be fully completed and returned with your payment (made payable to the City of Elyria) to the Safety Service Director’s Office within fifteen (15) days. Your permit will then be mailed to you.

Please direct any further questions to this office at 326-1404.

Sincerely,

Christopher C. Eichenlaub
Safety Service Director

CCE/cr.

CITY OF ELYRIA ALARM SYSTEM PERMIT APPLICATION

CHECK ALL THAT APPLIES: _____ Burglar Alarm _____ Fire Alarm _____ Hold-Up Alarm _____ Other

FULL NAME OF PERSON IN CONTROL OF PROPERTY: _____

ADDRESS: _____ CELL: _____
PHONE: _____

DISREGARD THIS SECTION IF APPLYING FOR A RESIDENTIAL ALARM PERMIT:

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

Is Alarm System Business to install the alarm local: _____ Yes _____ No

Alarm System Business Name: _____

Address: _____ Phone: _____

*****THE FOLLOWING INFORMATION IS REQUIRED FOR APPROVAL OF THIS APPLICATION*****

The names, address and telephone number of two (2) persons OR alarm system company who will be able to
1) receive notification at anytime 2) come to the alarm site within 1 ½ hours after receiving a request from the Elyria Police Department or Fire Department to do so; 3) grant access to the alarm site and de-activate the system if necessary.

PLEASE PRINT NEATLY

CONTACT #1

NAME: _____
ADDRESS: _____
TELEPHONE: _____
CELL PHONE: _____

CONTACT #2

NAME: _____
ADDRESS: _____
TELEPHONE: _____
CELL PHONE: _____

THE FOLLOWING SHALL APPLY IF AN ALARM SYSTEM BUSINESS IS LISTED ABOVE:

- 1) The Alarm system business shall have on file the names and telephone numbers of two (2) persons who will comply with the above section AND in the event they are unable or unwilling to perform the duties as outlined, the permit Holder shall give the alarm company another name and telephone number of a person who is willing to comply with the duties as outlined. At least two (2) persons who are able to perform such required duties must be on record with the alarm company at all times.
- 2) The permit holder has authorized the alarm system business to provide said names and telephone numbers listed with that company when requested by the Elyria Police Department or the Elyria Fire Department after an alarm has been activated.

The applicant shall submit a fee of \$25.00 for a commercial alarm system permit or \$5.00 for a residential alarm system permit. **THIS FEE MUST ACCOMPANY YOUR APPLICATION.** Mail application with fee to: **Safety Service Department, 131 Court St., 3rd Floor, Elyria, OH 44035.**

All information contained in this permit is confidential except for legitimate law enforcement or fire protection purposes and for enforcement of this ordinance. This permit shall become void should any statement on this application prove to be incomplete or false.

I, the undersigned, do hereby agree to comply with the provisions as outlined and further agree to notify the Elyria Police Department or the Elyria Fire Department in the event that the information provided changes.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPROVED BY THE SAFETY SERVICE DIRECTOR: _____ DATE: _____

Fee Received By: _____ Amount Paid: _____ DATE: _____

Permit Issue Date: _____ Permit #: _____ Forwarded To: ___ EPD ___ EFD BY: _____ Date: _____