

PERMIT # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_



**Town of Henrietta  
Office of Building and Fire Prevention**

475 Calkins Road Henrietta, New York 14467  
(585) 359-7060 Office (585) 321-6093 Fax

***FIRE ALARM SYSTEM PERMIT***

*THIS IS A (2) TWO YEAR PERMIT FOR A TOTAL FEE OF \$50*

**MAKE CHECKS PAYABLE TO: TOWN OF HENRIETTA**

PLEASE PRINT LEGIBLY

OCCUPANT OR BUSINESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

***THIS SYSTEM USES THE FOLLOWING TO SIGNAL AN EMERGENCY:***

\_\_\_ OUTSIDE BELL OR SIREN \_\_\_ EXTERIOR SIGNAL LIGHT \_\_\_ DIRECT WIRETRANSMITTER

***THE SYSTEM AUTOMATICALLY NOTIFIES:***

\_\_\_ DIGITAL TELECOMMUNICATOR \_\_\_ HENRIETTA FIRE DISPATCHER \_\_\_ OTHER  
\_\_\_ MONROE COUNTY FIRE DISPATCHER \_\_\_ PRIVATE MONITORING CO.

MONITORING COMPANY: \_\_\_\_\_

INSTALLATION COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

***IN CASE OF ALARM, THE FOLLOWING PERSONS SHOULD BE NOTIFIED:***

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**INSTRUCTIONS TO HELP RESPONSE PERSONNEL (EXAMPLE:HANDICAP, PETS, BED RIDDEN)**

**LOCATION OF ALARM PANEL: \_\_\_\_\_ ALARM MAKE \_\_\_\_\_ MODEL \_\_\_\_\_**

**NUMBER OF DETECTORS: HEAT: \_\_\_ SMOKE: \_\_\_ COMBINATION: \_\_\_ OTHER: \_\_\_**

**I ACKNOWLEDGE THE ABOVE AND WILL ADVISE THE OFFICE OF THE FIRE MARSHAL OF ANY CHANGE(S) OF THE INFORMATION ON THIS APPLICATION**

\_\_\_\_\_  
**ALARM PERMIT SUBSCRIBER**

*“Always Practice Fire Prevention”*