



TOWN OF HORIZON CITY
 14999 Darrington Road
 Horizon City, Texas 79928
 Phone 915-852-1875 Fax 915-852-1005

SECURITY ALARM
PERMIT APPLICATION

Site Address: _____ Suite/Apt No. _____

APPLICATION TYPE: NEW PERMIT RENEWAL REINSTATEMENT UPDATE INFORMATION

TYPE OF ALARM: COMMERCIAL/RETAIL/BUSINESS RESIDENTIAL / HOME /APARTMENT

APPLICANT INFORMATION (BUSINESS OR RESIDENT'S NAME)

APPLICANT _____ **CONTACT:** _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

EMAIL: _____ PH. No. _____ OTHER _____

APPLICANT IS: PROPERTY OWNER TENANT

PROPERTY OWNER INFORMATION

OWNER'S NAME _____ **CONTACT:** _____

EMAIL: _____ PH. No. _____ OTHER _____

ALARM COMPANY INFORMATION

NAME _____ **CONTACT:** _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMAIL: _____ PH. No. _____ OTHER _____

EMERGENCY CONTACT INFORMATION

(1) NAME _____ **RELATIONSHIP/TITLE** _____

EMAIL: _____ PH. No. _____ CELL No. _____

(2) NAME _____ **RELATIONSHIP/TITLE** _____

EMAIL: _____ PH. No. _____ CELL No. _____

This permit is issued on the express condition that the work authorized shall conform in all respects to the statements certified in this application. All work done shall be in compliance with Ordinance No. 103 of the Town of Horizon City, Texas. The permit will be issued upon receipt of the permit fee and the signed approval below. Texas statute no. 214-197 of the "Local Government Code" says a penalty of \$50.00 will apply to all false alarms in excess of three (3) in the preceding twelve (12) months. This permit may be revoked if the above occurs in excess of eight (8) false alarms, or at the discretion of the Chief of Police.

APPLICANT SIGNATURE: _____ **DATE:** _____

FEES:	
COMMERCIAL BUSINESS	\$60
RESIDENTIAL	\$30

DATE PAYMENT PROCESSED. _____
 CASH CC CHECK. _____ REFERENCE NO. _____
 TOTAL RECEIVED. \$ _____

APPROVALS

PUBLIC WORKS DIR. / BUILDING OFFICIAL _____ DATE: _____

Application Rec'd Date: _____
 By: _____
 Permit No. _____
 Date Issued: _____
 Processed By: _____