

Clay County Building Division  
Alarm Decal Application \$35.00 Flat Fee (Checks Made Payable to: CCBOCC)



Owner:  Phone:

Address:

Directions to Building

Check Types of Alarm Applicable:  Burglar  Fire  Medical  Robbery

Additional Hazards

Is there a dog on the premises?  Yes  No

Are there other potential dangers that we should be aware of? (i.e. security guards, equipment that poses danger like an electrical fence?)  Yes  No

If yes, explain: \_\_\_\_\_

Home Information

Construction type:  Number of Stories:  Elevator?  Yes  No

Location of Elevator if Applicable:  Exterior Video?  Yes  No

Location of any Hazardous / Flammable Materials (i.e. gas, kerosene)

Location(s) of Keypads:

Location of Alarm Sensors (i.e. windows, doors)

Location of Utility Shutoffs:

Electric Panel:  Water:  Gas:

Check the Entries You Have  Front Door  Back Door  Garage Door  Side Door

Name of Monitoring Company:  ACS Security Systems, Inc. Phone:  904-725-2240

Address:  403 Tresca Road Jacksonville, FL 32225

Enter the **NAME, ADDRESS, AND TELEPHONE NUMBER OF ANY PERSON OTHER THAN THE ALARM USER** who can be contacted in case of and alarm signal or emergency.

Name of Emergency Contact:  Phone:

Address:

Preferably, the emergency contact person should be someone with keys to the premises and the ability to respond within 20 minutes

The operation of a non-registered alarm constitutes a second degree misdemeanor punishable by 60 days in jail and/or a \$500 fine  
You are required to contact the **Clay County Building Division** of any changes

I hereby certify that I have read and examined this permit and know the same to be complete and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Owner Signature \_\_\_\_\_

Or

License Holder Signature

Mail application & fee to P.O. Box 1366, Green Cove Springs, FL 32043 Att: Building Division (904)284/269-6307