

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



Owner: Is This a Replacement Decal or Change of Information? Yes No

Address: New Decal#:

Home Phone: Cellular Phone: Old Decal# if Applicable:

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: Atlantic Detection Systems, Inc Phone: 904.384-7222

Address: 5311 San Juan Ave, Jacksonville, FL 32210

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 Planning & Zoning 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 _____