



# SCARBOROUGH FIRE DEPARTMENT

## Application for Alarm System Permit

**Permit Fee: \$100.00**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Type of Property:	<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Healthcare
	<input type="checkbox"/>	Detention/Correction	<input type="checkbox"/>	Mercantile	<input type="checkbox"/>	Business
	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Residential
	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Special	<input type="checkbox"/>	Other

Purpose of Alarm:	<input type="checkbox"/>	Burglary	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Combination
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Description of System:	<input type="checkbox"/>	Pull Station	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>	Heat Detector
	<input type="checkbox"/>	Duct Detector	<input type="checkbox"/>	Water Flow	<input type="checkbox"/>	Tamper
	<input type="checkbox"/>	Low Air	<input type="checkbox"/>	Low Battery/Trouble	<input type="checkbox"/>	Other

Location of Alarm Panel: \_\_\_\_\_

Outside (local) Warning Devices:  Bell  Light  Siren  None

### INSTALLER

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### MONITORING COMPANY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### EMERGENCY NOTIFICATION/TENANT INFORMATION

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

*Shall meet or exceed NFPA 72, local fire alarm ordinance*

**For FD** Date \_\_\_\_\_ Check \_\_\_\_\_  
**Use Only** Permit Fee: \$ \_\_\_\_\_ Paid: \_\_\_\_\_ No: \_\_\_\_\_

Whereas I, \_\_\_\_\_ of Scarborough in the County of Cumberland, and the State of Maine, have made application to the Town of Scarborough to connect a private monitoring alarm system, either through my individual alarm company or by connection to the municipal fire alarm system from property located at \_\_\_\_\_ in Scarborough, Maine

And

Whereas, the Town of Scarborough is willing to permit, said applicant stated above, to connect said system on property located as described above in Scarborough, Maine to the Public Safety Communications Center or to a private alarm or security company which will monitor said system and report alarms to the Scarborough Dispatch Communication Center

And

Whereas, the Town of Scarborough makes no representation of any kind or nature as to the effectiveness, operability, or workability of the connection with the Public Safety Communications Center.

Now therefore, in consideration of the Town of Scarborough to permit said connection, I \_\_\_\_\_ do hereby on behalf of myself, my heirs and assigns, forever release and discharge the Town of Scarborough, its officers, agents, and employees from any and all liability arising from (1) the failure of such Alarm System to operate properly, (2) any failure to respond to an alarm sent by such system for which the Town, its officers, agents or employees would not be liable if the request for service had been transmitted by some other means other than an Alarm System, and (3) any other act or omission by the Town, its officers, agents or employees for which the Town, its officers, agents or employees would not be liable if the Alarm System were not installed.

The Town of Scarborough reserves the right to order removal of equipment from the Communication Center with sufficient cause. Routine maintenance service of the system will be the responsibility of the owner. The primary function of the municipal employees (Dispatchers) is to monitor alarm equipment and alert personnel (Fire & Police) to an active alarm.

In witness where of, I, \_\_\_\_\_ have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Approved By</b>	
Fire Official: _____	Date: _____
Police Chief: _____	Date: _____