



CITY OF YONKERS

APPLICATION FOR PERMIT TO OPERATE ALARM SYSTEMS

FEE: RESIDENTIAL - NO FEE
COMMERCIAL - \$50.00

Make checks payable to: CITY OF YONKERS
Mail check to: CITY CLERK'S OFFICE, ROOM 107, CITY HALL
YONKERS, NEW YORK 10701

PERMIT # _____

Please answer all questions fully. Misstatements of the facts shall be cause for refusal of permit, or revocation of permit issued.

USER INFORMATION: NYS TAX ID # _____
(If Business)

NAME/BUSINESS NAME _____

ADDRESS OF PROTECTED PREMISES _____

PHONE NO. AT PROTECTED PREMISES _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE NO. DAY _____ H W NIGHT _____ H W

PREMISES INFORMATION:

RESIDENTIAL: SINGLE FAMILY MULTI-FAMILY APARTMENT/CONDO/CO-OP
COMMERCIAL: STORE FRONT OFFICE BLDG. FACTORY/WHSE/INDUST. FINANCIAL INSTITUTION OTHER
SCHOOL: PRIVATE PUBLIC
PUBLIC/GOV'T. BLDG: CITY COUNTY STATE FEDERAL Block & Lot # _____

COLOR/TYPE OF BUILDING _____

NO. OF FLOORS _____ FLOOR(s) ALARMED _____ NO. OF GROUND FLOOR ENTRANCES (ex.2) _____ and LOCATIONS

FRONT _____ SIDE _____ REAR _____ (Ex. 1 front/0 side/1 rear)

HAZARDS AT PREMISES: (Ex. Dogs, Chemicals, Weapons,) _____

KEYHOLDER(s) FOR PREMISES: (Other than applicant)

1. Name _____ Phone No. _____

2. Name _____ Phone No. _____

ALARM SYSTEM INFORMATION: (Check all that apply)

AUDIBLE DEVICE: BELL SIREN NONE OTHER DOES DEVICE AUTOMATICALLY SHUT OFF/RESET AFTER 15. MIN. OR LESS? YES NO

POWER SOURCE: HOUSE CURRENT BATTERY BACKUP

TYPE OF ALARM: BURGLAR HOLD-UP FIRE PANIC MEDICAL EMERGENCY OTHER (Explain) _____

TYPE OF SERVICE: CENTRALSTATION SONITROL TAPE DIALER AUDIBLE ALARM ONLY OTHER (Explain) _____

MONITORING COMPANY: _____ **PHONE NO.** _____

PERSON/COMPANY WHO INSTALLED SYSTEM: _____

ADDRESS _____ City _____ State _____ Zip _____

Phone No. _____ YONKERS PERMIT NO. _____

PERSON/COMPANY WHO MAINTAINS SYSTEM (If Other) _____

ADDRESS _____ City _____ State _____ Zip _____

Phone No. _____ YONKERS PERMIT NO. _____

BILLING INFORMATION: Please supply the information of person or company responsible for payment of all fees or fines.

NAME/BUSINESS NAME _____

MAILING ADDRESS: _____ City _____ State _____ Zip _____

I hereby certify that all of the above information is true and correct and that I am the individual responsible for the operation of the above described alarm system. Pursuant to the provisions of the City of Yonkers Alarm Ordinance and in consideration for the permission to use an alarm device, as defined therein, the undersigned alarm user, as defined therein acknowledges full familiarity with said ordinance and certifies user's authorization to register the above identified alarm device. The undersigned further accepts full responsibility for said device as the alarm user within the terms of said ordinance and agrees to fulfill all the requirements stated therein. The undersigned also agrees to notify the licensing authority in writing within two days of any changes in the above information.

X _____ DATE _____

HIGHLIGHTS OF GENERAL ORDINANCE NO. 19-1991 REGARDING ALARMS

ALARM PERMIT

Any property owner or leasee of commercial or residential property in the City of Yonkers must obtain a permit annually to have an alarm device or system on their property.

PERMIT HOLDER

The person designated in the permit application as required by this chapter is responsible for proper maintenance and operation of the alarm system and payment of fee.

PERMIT FEE

Residential alarm permit - no fee. Application must be filed in the City Clerk's office.

Annual Commercial alarm system permit:

Fifty dollars (\$50.00) per year

Checks payable to: City of Yonkers

Upon receipt of check and/or application, a sticker with alarm permit number will be issued to you. Please affix to front door. Must be clearly visible to responding police or fire personnel.

FALSE ALARMS

A false alarm notification is when the responding police or fire department personnel find no evidence of smoke, fire, criminal activity, attempted criminal activity or an emergency. A false alarm notification will not include alarms resulting from or during electrical storms, hurricanes, tornadoes, blizzards, and other acts of God; electrical power disruptions or failure; and disruptions of the telephone circuits beyond the control of the alarm agent, licensee or permit holder.

FALSE ALARM NOTIFICATION AND FEES

1. The first three false alarm notifications in a calendar year shall result in a written warning with no charge.
2. The fourth and fifth false alarm shall result in a charge of fifty dollars (\$50.00) for each false alarm.
3. All false alarm notifications over five (5) in a year shall be one hundred (\$100) dollars for each false alarm notification, and may result in the suspension or revocation of the permit by the licensing authority, or may result in any other action determined by the Police or Fire commissioner as necessary to abate the false notification.
4. Any person operating a non-permitted alarm system is subject to a fine of \$100 for each false alarm notification. All violations forgiven if alarm permit is issued within five business days after notification.

UNPAID FINES FEE AND CHARGES

All charges imposed as a result of a false alarm notification which remains unpaid 30 days after the date that such charge is not subject to administrative appeal, or 30 days after the decision rendered by the Alarm Review Board, shall become, to the extent permitted by law, a lien upon the property from which the false alarm originated.

NOTE: Police Department phone number has been changed from 963-1900 to 377-7900. PLEASE NOTIFY ALARM COMPANY OF CHANGE.

COPIES OF GENERAL ORDINANCE NO. 19-1991 ARE AVAILABLE UPON REQUEST FROM THE OFFICE OF THE CITY CLERK, CITY HALL, YONKERS, NEW YORK 10701.