



APPLICATION FOR AUTOMATIC PROTECTION DEVICE PERMIT

East Vincent Police Department
262 Ridge Road Spring City, PA 19475
610-933-0115 phone 610-983-3350 fax

I hereby make application for a permit to install an automatic protection device in East Vincent Township, Chester County, Pennsylvania

Name of Owner or Business: _____

Address: _____

Phone Number: _____ **Email:** _____

Type of Device: **Burglar** **Fire** **Other**

Type of Building: **Residential** **Industrial** **Commercial**

Alarm Company Name: _____

Alarm Company Address: _____

Alarm Company Phone Number: _____

An applicant understands that false activations of alarm systems will be subject to fines as specified in the Burglary/Fire Alarm Ordinance (#108), adopted April 1, 1992, of East Vincent Township.

I hereby swear and affirm that the above statements are true, and that all work will be done as described and will comply with all provisions of the East Vincent Township Burglary/Fire Alarm Ordinance.

Issuance of a license shall not be construed as an approval of a violation of the provisions of the Burglary/Fire Alarm Ordinance of East Vincent Township.

Signature of Applicant

Date

The foregoing application for a license is approved and the fee has been paid.

Administrator

Date

Registration Fee: \$50.00 Amount \$ _____ Received on _____ Check # _____