

EAST VINCENT  
POLICE DEPARTMENT  
262 RIDGE ROAD  
SPRING CITY, PA 19475  
  
(610) 933-0115  
FAX (610) 983-3350  
EMAIL -  
EVPD@EASTVINCENT.ORG



PERMIT NUMBER  
\_\_\_\_\_

### APPLICATION FOR AUTOMATIC PROTECTION DEVICE PERMIT

ONE TIME PERMIT FEE: \$25.00

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

1. NAME OR NAME OF BUSINESS: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. PHONE NUMBER: \_\_\_\_\_
4. TYPE OF DEVICE:     BURGLAR     FIRE     OTHER
5. TYPE OF BUILDING:     RESIDENTIAL     INDUSTRIAL     COMMERCIAL
6. ALARM COMPANY NAME: \_\_\_\_\_
7. ALARM COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
8. ALARM 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 01, 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. I certify that a copy of the Ordinance has been received upon the filing of this application.

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 fee has been paid.

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
ADMINISTRATOR:

**MAKE ALL CHECKS OUT TO: EAST VINCENT TOWNSHIP**