



# ALARM PERMIT APPLICATION

## BUILDING & SAFETY DIVISION

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3505  
(503) 588-6256 • Fax (503) 588-6115

Applications may be obtained online at:

[www.cityofsalem.net/departments/scdev/bldgsafety/](http://www.cityofsalem.net/departments/scdev/bldgsafety/)

Application MUST be complete for processing, or will be returned

**Term of Permit (SRC38.130):**

Residential Fire-Monitored Alarm Permit is valid for two years.

Residential and Commercial Universal, and Commercial Fire-Monitored Alarm Permits are valid for one year.

1. Alarm Site Information (where the alarm is installed)

Alarm Site Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Applicant Information (person/business who will be the permit holder)

Name of Applicant: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. List two persons (SRC38.100d) other than the Applicant who can be contacted to assist fire personnel to secure the premises or reset an alarm:

Contact ONE Information (person who has access to premises and ability to disarm alarm)

Name of Point of Contact: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact TWO Information (person who has access to premises and ability to disarm alarm)

Name of Point of Contact: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

4. Type of Alarm:

Monitored Fire Alarm (an alarm system designed to give warning of fire only):  Yes  No

Universal Alarm (an alarm system which incorporates a monitored fire alarm and security/police alarm):  Yes  No

*Only Fire-Monitored Alarms require Alarm Permits in the City of Salem – Police- Only alarms do not require permit*

5. Type of Premise:

Single Family Residence:  Yes  No      Commercial (Business):  Yes  No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Permit #: \_\_\_\_\_ Issued by: \_\_\_\_\_