

**Township of Middletown
Office of the Fire Marshal
P.O. Box 157
Lima, PA 19037-0157
Phone: 610-565-2700 Fax: 610-566-3640**

Automatic Fire Alarm System Permit Application

Address: _____

Applicant Information:

Name: _____ Mailing Address _____

City, State, Zip: _____

Home Phone: _____

Contact Information: (Please supply any available numbers; cell phone, work and home number.)

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

Alarm Information:

Central Station Name: _____ Phone: _____

Fee: Initial Registration \$25.00 (make check payable to Township of Middletown)

I, We, hereby make application for a permit to operate an automatic fire alarm system at the address above for the current year in conformance with the above information and Chapter 60 of the Middletown Township Code of ordinances. I understand that the referenced ordinance authorizes the fire department to enter an unoccupied structure, by any means necessary, to conduct an investigation as to the cause of the alarm system activation. I also acknowledge that I may be subjected to a fine and court costs for each accidental alarm, after the third, for any consecutive twelve-month period.

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____ **Permit Number: ASP-** ____ - ____