



PHARR FIRE – RESCUE

FIRE ALARM APPLICATION PERMIT



IN COMPLIANCE WITH **THE CITY OF PHARR ORDINANCE (#O-2010-18)** REGARDING ALARMS, WE ARE REQUESTING THAT YOU FILL OUT THIS APPLICATION. THERE IS A **PERMIT FEE OF \$40.00** THAT MUST BE RETURNED WITH THIS FORM TO THE CITY OF PHARR FIRE DEPARTMENT, 118 S. CAGE BLVD. 3RD FLOOR. IF YOU HAVE ANY QUESTIONS, OR WOULD LIKE A COPY OF THE ORDINANCE, PLEASE CONTACT FIRE PREVENTION CLERK AT (956)787-2761. FAILURE TO COMPLY WITH THIS ORDINANCE WILL RESULT IN THE FILING OF A COMPLAINT FOR VIOLATION OF THIS CITY ORDINANCE IN THE MUNICIPAL COURT, WHERE YOU MAY BE FINED UP TO \$1,000.00. IF YOU DO NOT HAVE A FIRE ALARM PLEASE CONTACT US SO THAT WE MAY CORRECT OUR RECORDS.

*****MAKE CHECKS PAYABLE TO THE PHARR FIRE DEPARTMENT*****

DATE: _____ RESIDENCE BUSINESS

APPLICANT'S NAME: _____ BUSINESS NAME: _____

STREET ADDRESS WHERE ALARM IS LOCATED: _____ PHONE #: _____
PHONE # AT LOCATION

MAILING ADDRESS IF DIFFERENT: _____

ALARM COMPANY: _____ TYPE OF ALARM: _____

MAILING ADDRESS: _____ PHONE #: _____

EMERGENCY NOTIFICATION: LIST THE NAMES, ADDRESSES, & TELEPHONE NUMBERS OF THREE (3) PEOPLE TO BE CONTACTED IN CASE OF AN EMERGENCY AT THE ABOVE LOCATION, IN THE ORDER THAT THEY ARE TO BE CONTACTED:

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

PLEASE INITIAL AFTER ACKNOWLEDGING EACH OF THE FOLLOWING:

_____ CLIENT UNDERSTANDS WE WILL NOT BE LIABLE FOR MALFUNCTIONS OF ANY EQUIPMENT (I.E. CUSTOMER OWNED ALARM COMPANY, OWNED EQUIPMENT, RENTED EQUIPMENT, TELEPHONE LINES, FIRE DEPARTMENT LINES AND EQUIPMENT OR ANY OTHER EQUIPMENT) USED FOR DETECTION AND SIGNALING OF AN ALARM.

_____ CLIENT UNDERSTANDS THAT MORE THAN THREE (3) FALSE ALARMS PER MONTH WILL BE SUBJECT TO A FALSE ALARM RESPONSE FEE AS SET BELOW:

- *4TH FALSE ALARM-\$ 25.00**
- *5TH FALSE ALARM-\$ 50.00**
- *6TH FALSE ALARM-\$ 75.00**
- *7TH FALSE ALARM-\$100.00**
- *8TH FALSE ALARM-\$125.00**

_____ CLIENT UNDERSTANDS THAT THEY ARE RESPONSIBLE FOR ANY UPDATES OF ALL NAMES AND NUMBERS UNDER THE CONTACT INFORMATION PROVIDED ABOVE.

PLEASE NOTE: * FAILURE TO COMPLY WITH ALL OF THE ABOVE WILL RESULT IN ADDITIONAL FINES*

SIGNED BY: _____

TITLE: _____

PHARR FIRE – RESCUE ADMINISTRATION ONLY

RECEIVED: _____ DATE: _____

FEE PAID: _____ PERMIT #: _____ RECEIPT # _____