



Mt. Lebanon Pennsylvania

710 Washington Rd.
Pittsburgh, Pa. 15228
412-343-3402
www.mtlfd.org

Dear Property Owner,

Mt. Lebanon requires all properties with monitored alarm systems to have a private alarm system operational permit.

Please find enclosed the following:

1. Operational Permit – Private Alarm System (Application)
 - Please complete the form indicating the property owner, keyholder(s) and contact names.
 - Include addresses and phone numbers for each contact.
 - Provide alarm monitoring company information.
 - Indicate the start date of the alarm monitoring service.*

Sign and return this to:

Mt. Lebanon Fire Department
ATTN: Private Alarm Permit
555 Washington Road
Pittsburgh, PA 15228

The application will be reviewed and if approved an invoice will be sent to the owner indicated on the application. The annual fee for the Private Alarm System operational permit is based on the Comprehensive Fee Schedule which is available on-line at www.mtlebanon.org.

*This fee may be pro-rated based on the alarm service start date indicated on the application.

If you have any questions, please contact Mt. Lebanon Fire Department (412-343-3402).



Mt. Lebanon Pennsylvania

Operational Permit – Private Alarm System

ADDRESS OF ALARM SYSTEM :		<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS
OWNER NAME:			
OWNER ADDRESS:			
OWNER PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER
OWNER PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE <input type="checkbox"/> OTHER

Provide the name, address, and phone numbers of at least two emergency (2) contacts.

Police or Fire personnel may enter premises upon activation of alarm device.

CONTACT NAME:		<input type="checkbox"/> OWNER	<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> KEYHOLDER
CONTACT ADDRESS:				
CONTACT PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER
CONTACT PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER

CONTACT NAME:		<input type="checkbox"/> OWNER	<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> KEYHOLDER
CONTACT ADDRESS:				
CONTACT PHONE1:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER
CONTACT PHONE2:	<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER

Indicate the company name through which the alarm is leased, rented, under service agreement and being monitored:

COMPANY NAME:	
COMPANY ADDRESS:	
COMPANY PHONE:	
ALARM TYPE: <input type="checkbox"/> INTRUSION <input type="checkbox"/> FIRE <input type="checkbox"/> MEDICAL	ALARM SERVICE START DATE:

“I (We) the undersigned applicant(s) for an Alarm System permit, intending to be legally bound hereby, state that neither I (we), nor anyone claiming by, through or under me (us), shall make any claim against Mt. Lebanon, PA for any damage caused to the protected premises at which the Alarm System, which is the subject of this application, is or will be located, if such damage is caused by a forced entry to said premises by employees of Mt. Lebanon, PA in order to answer an Alarm Signal from said Alarm System at a time when said protected premises are or appear to be unattended or when in the discretion of said employees, circumstances appear to warrant a forced entry. Furthermore, for Required Alarm Systems, I (we) hereby agree that, periodically and upon five (5) days written notice, representatives of the Police or Fire Departments of Mt. Lebanon, PA shall be allowed to enter my (our) premises between the hours of 10 AM and 5 PM on weekdays for the purpose of inspecting my (our) Alarm System installation in order to determine whether or not it is in accordance with the operational standards set forth in §503 of Chapter VIII of the Mt. Lebanon Code.”
(These inspections will only be requested for cause and on a need basis.)

Owner Signature

Date

Return application & invoice payment stub to:

**Mt. Lebanon Fire Department
ATTN: Private Alarm Permit
555 Washington Road
Pittsburgh, PA 15228**

Department Use Only

Date Paid	Check#	Permit#	FH Update	Fwd to PD	Rec'd By:
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