

CITY OF COATESVILLE PENNSYLVANIA

AUTOMATIC PROTECTION DEVICE APPLICATION AND PERMIT

As lessee of the property the Automatic Protection Device, I hereby make application for a permit to use said device.
Name of Lessee:
Addressee of Lessee:
Telephone Number of Lessee:
The following person shall be contacted if access is needed to the property where the device is installed.
Name:
Address:
Telephone Number:
The firm of corporation, if any, responsible for maintenance and repair of the Automatic Protection Device is as follows:
Name of Firm:
Address of Firm:
Telephone Number of Firm:
Installation permit fee: \$50.00 [discount of \$25.00 for Seniors]
I have read the City of Coatesville's Automatic Protection device Ordinance. I understand it's terms and conditions and agree to abide by those terms and conditions I shall Pay the City of Coatesville, for each false alarm after the first alarm in each six-month period, the sum of \$25.00.
Signature of Lessee
When approved and signed by the Chief of Police, this application shall serve as a permit.
Approved: Refused: Effective Date of Permit:
BY: Chief of Police
CODES DEPARTMENT ONE CITY HALL PLACE, COATESVILLE, PA 19320 [610]-384-0300 Ext 3133 fax [610]384-6051