CITY OF COATESVILLE

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: $75.00 [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
1 City Hall Place, Coatesville PA 19320 Phone: 610-384-0300 Fax: 610-384-6051

Revised 8/8/2024