

PHONE: 817-392-1300
Office hours:
Monday through Friday 8 a.m. to 5 p.m.

CITY OF FORT WORTH
ALARM PERMIT APPLICATION
FOR ONE ALARM SYSTEM

PLEASE PRINT
THE APPLICATION WILL BE
RETURNED IF NOT
FILLED OUT COMPLETELY.

<http://fortworthtexas.gov/applications/alarmperritpayments/>

PERMIT FEE:
\$50 RESIDENCE (including individual apartments)
\$50 COMMERCIAL

PLEASE READ BEFORE FILLING OUT APPLICATION:

1. PERMIT HOLDER-We must have the name, address and telephone numbers (home and business) of the PERSON who will be responsible for the alarm system. A COMPANY NAME IS NOT ACCEPTABLE.
2. Signature of applicant/permit holder must be the signature of the person listed as permit holder.
3. Please list all zip codes and area codes.
4. Application must include check or money order made out to City of Fort Worth, Texas.
(Note: Payments made by Credit or Debit Cards can be made online at <http://fortworthtexas.gov/applications/alarmperritpayments/>)
5. No permit fee shall be required for a permit obtained for an alarm system at a one-family dwelling when the alarm site is determined by the Chief or authorized designee to be occupied by a low income family. Proof of low income and number in household required.

ALARM LOCATION INFORMATION:

NAME (Business Name OR Resident Name) _____
ALARM LOCATION ADDRESS _____ Zip _____
MAILING ADDRESS (If Different) _____
CITY _____ STATE _____ ZIP _____

PERMIT HOLDER INFORMATION (PERSON/USER RESPONSIBLE FOR ALARM SYSTEM):

NAME _____ DRIVER'S LICENSE # _____
PHONE # HOME _____ PHONE # WORK _____
EMAIL ADDRESS _____

PERMIT TYPE:

- COMMERCIAL (\$50 Permit Fee)
- RESIDENCE (\$50 Permit Fee)
- GOVERNMENT (City/County) (no Permit Fee required)
- LOW INCOME (no permit fee required; See #5 above)
- INDIVIDUAL APARTMENT (\$50 Permit Fee)

PERMIT STATUS
 New Permit

ALARM COMPANY NAME: _____

Credit Card Billing Address: _____

Payment Amount: \$ _____ Permit Number (if issued) _____

Payment Method: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

**For your protection - Do not e-Mail credit card information.*

Card Number: _____ Expiration Date: _____ CVS Code: _____

Cardholder's Name _____

Signature: _____

SUBMIT A SEPARATE PERMIT APPLICATION (AND FEE) FOR EACH SYSTEM. PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE.

OFFICE USE ONLY	DATE RECEIVED	PERMIT NUMBER	EXPIRATION DATE
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I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Chapter 12 of the Code of the City of Fort Worth and applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system described above.

Date Signature

Please contact our office for alarm systems operated by a state or federal governmental entity.

Revised
10/2014

Send completed application and check to:
CITY OF FORT WORTH
PLANNING AND DEVELOPMENT DEPARTMENT • ALARM UNIT
1000 THROCKMORTON STREET • FORT WORTH, TEXAS 76102
Dev.Alarms@fortworthtexas.gov