

**CITY OF HOBART**  
414 MAIN STREET, HOBART, INDIANA 46342

<input type="checkbox"/> HPD <input type="checkbox"/> HFD
<hr/> <b>PERMIT NUMBER</b>
<hr/> <b>DATE OF ISSUE</b>

**ALARM SYSTEM PERMIT APPLICATION**

(PLEASE PRINT)

**Permit Fee: \$ 6.00**

**STREET ADDRESS OF ALARM SYSTEM:** \_\_\_\_\_

CHECK ONE:     RESIDENCE     BUSINESS  
NAME OF BUSINESS: \_\_\_\_\_

**APPLICANT INFORMATION:**

NAME	ADDRESS	PHONE NUMBER
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**INSTALLER INFORMATION: DATE OF INSTALLATION:** \_\_\_\_\_

NAME/BUSINESS	ADDRESS	PHONE NUMBER
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**TYPE OF EMERGENCY SERVICE ALARMS ON PREMISES (CHECK ALL THAT APPLY)**

BURGLAR     HOLD UP / PANIC     FIRE

OTHER: (DESCRIBE) \_\_\_\_\_

**ALARM SERVICE PROVIDER: DATE OF ACTIVATION:** \_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER
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**LOCATION OF UTILITY SERVICES: (DESCRIBE FLOOR & DIRECTION: N, S, E, W, NW, SE, ETC.)**

NATURAL GAS DISCONNECT: \_\_\_\_\_ ELECTRIC METER / DISCONNECT(S) \_\_\_\_\_

BREAKER BOX (ELECTRIC PANEL): \_\_\_\_\_ OTHER (DESCRIBE): \_\_\_\_\_

**LOCATION OF HAZARDOUS MATERIALS: (DESCRIBE FLOOR/ROOM/DIRECTION: N, S, E, W, NW, ETC.)**

**\*\* IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET \*\***

FLAMMABLES (GASOLINE, PAINTS, THINNERS, ETC.)    EXPLOSIVES (FIREWORKS, DYNAMITE, CHEMICALS, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORROSIVES (LIQUID, GASEOUS, SOLIDS, ETC.)    GENERAL CHEMICALS (REACT TO WATER/AIR, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KEYHOLDERS: (TWO KEYHOLDERS MUST BE LISTED AND MUST RESPOND WITHIN 45 MINUTES)**

KEYHOLDER #1: \_\_\_\_\_  
NAME    PHONE NUMBER(S): HOME/CELL/PAGER

KEYHOLDER #2: \_\_\_\_\_  
NAME    PHONE NUMBER(S): HOME/CELL/PAGER

I HAVE RECEIVED A COPY OF THE CITY OF HOBART'S PRIVATE EMERGENCY ALARM SYSTEM ORDINANCE # 2003-20 AS ADOPTED AND UNDERSTAND THAT THIS PERMIT, IF ISSUED, MUST BE RENEWED ANNUALLY AND UPDATED PROMPTLY SHOULD ANY OF THE INFORMATION CONTAINED HEREIN CHANGE.

DATE: \_\_\_\_\_ (CLERK'S STAMP)    SIGNATURE: \_\_\_\_\_