

**Permit Fee \$10 RESIDENTIAL**  
**Permit Fee \$50 COMMERCIAL/FINANCIAL**  
Ordinance Amending Chapter 19-83 adopted 10 January 2012

**DISPATCH**  
210-653-0033 911

City Use Only  
Permit #: \_\_\_\_\_  
Issued: \_\_\_\_\_  
Expires: \_\_\_\_\_  
Received: \_\_\_\_\_ initials



**CITY OF LIVE OAK  
RESIDENTIAL (\$10) COMMERCIAL/FINANCIAL (\$50)  
ALARM PERMIT APPLICATION**

8022 Shin Oak  
Live Oak, TX 78233  
210-945-1700

Before completing application, read page 2 for instructions, fees, and violation information.

Incomplete applications will be returned. A complete submission of the Alarm Permit Application consists of a properly completed alarm permit application signed by the residential applicant or an authorized representative of the nonresidential applicant, the inclusion of any required documentation, and the payment of a permit fee.

**General Information**

Select one: \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_ Amendment

Effective date: \_\_\_\_\_

**Residential Applicant Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address of Alarm**

Full Street Address: \_\_\_\_\_ Ste. Apt. or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Live Oak State: \_\_\_\_\_ TX Zip: \_\_\_\_\_ 78233

Driver's License State: \_\_\_\_\_ DL#: \_\_\_\_\_

Names of persons 18 years of age or older residing at address: \_\_\_\_\_

Mailing Address (if different from alarm address): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Alarm System Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Commercial/Financial Institutions**

Name of Business: \_\_\_\_\_ Address of Business: \_\_\_\_\_

Suite No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Alarm System Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact Information**

*Persons able to respond and grant access to the alarm system within one hour.*

Contact Person #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alarm System Company \_\_\_\_\_ Phone Number: \_\_\_\_\_

By signing below, I acknowledge that I have read the application, I affirm the accuracy of the information given on the application, and I authorize the release of information to the City of Live Oak as provided for by this form. I agree to notify the City of a change to any information on this form within 30 days by filing an amendment application.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

