

City of Isle of Palms  
30 JC Long Boulevard  
PO Box 508  
Isle of Palms, South Carolina  
29451  
Phone #843-886-6522  
Fax # 843-886-8527

Application for Permit for Alarm System  
Note: There is a Ten Day waiting period before permit is issued.  
Application Fee \$ 25.00

<u>For Office Use Only</u>
Date Permit Received: _____ Permit Number: _____

Payment Received: CHECK _____ MONEY ORDER _____ CASH _____
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**Information**

Single Family Residence \_\_\_\_\_ Multifamily Residence \_\_\_\_\_ Business \_\_\_\_\_

Homeowners Name: \_\_\_\_\_

Homeowners Mailing Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Address of Alarm Location: \_\_\_\_\_

Phone Number at Alarm Location: \_\_\_\_\_

If different from the Homeowner, please list the person responsible for the alarm permit: (Manager, Resident, or Tenant)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Alarm Information**

Type of Alarm: FIRE: \_\_\_\_\_ POLICE: \_\_\_\_\_ MEDICAL: \_\_\_\_\_ COMBINATION: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_

Alarm Company Address: \_\_\_\_\_

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

**Emergency Contact Information**

**Contact #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Contact #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form with the \$ 25.00 Application fee to the Isle of Palms Police Department. The form may be mailed to PO Box 508, Isle of Palms, South Carolina 29451 or delivered in person to the police department at 30 JC Long Boulevard, Isle of Palms, South Carolina 29451.