



Ashwaubenon Department of Public Safety Annual Alarm User Permit Application

2155 Holmgren Way, Ashwaubenon, WI 54304
P: 920.492.2995 F: 920.492.2986
ashwaubenon.gov

PERMIT EXPIRES DEC 31 EACH YEAR

TYPE		FEE
<input type="checkbox"/>	BUSINESS	\$25
<input type="checkbox"/>	RESIDENTIAL	\$15
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/> RENEWAL

GENERAL INFORMATION

Please check one: Residential 1 or 2 family dwelling 3 unit residential or more Commercial
 Resident/Business Name(s) _____
 Property Address _____ City, State, Zip _____
 Phone _____ Cell Phone _____ Email _____

** Approved permit will be MAILED to the address of where the alarm system is located.*

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Resident/Business Name(s) _____
 Property Address _____ City, State, Zip _____
 Phone _____ Cell Phone _____ Email _____

SECURITY ALARM SYSTEM

Date of initial activation _____
 Keyholder/Emergency Contact #1 _____
 Daytime Phone _____ Evening Phone _____
 Keyholder/Emergency Contact #2 _____
 Daytime Phone _____ Evening Phone _____
 Seller/Installer _____ Phone _____
 Alarm Monitoring Company _____ Phone _____

FIRE ALARM SYSTEM

Date of initial activation _____
 Type of system: Conventional; Addressable; Other, Explain _____
 Keyholder/Emergency Contact #1 _____
 Daytime Phone _____ Evening Phone _____
 Keyholder/Emergency Contact #2 _____
 Daytime Phone _____ Evening Phone _____
 Seller/Installer _____ Phone _____
 Alarm Monitoring Company _____ Phone _____
 Testing and Maintenance Company _____ Phone _____

FOR FIRE ALARM SYSTEMS ONLY

***Please submit with this application a zone/component map and list of monitored components. The map should contain all floors of the building and have all fire alarm components labeled and located on the map. The map should also contain a legend or key that clearly identifies devices. These items can be obtained from your testing and maintenance company or monitoring company. The map and list will be reviewed by Ashwaubenon Public Safety after submittal of this application to ensure they match and are acceptable for emergency response purposes. Copies of the map and approved permit should also be placed near the fire alarm control panel in the building ***

**Village of Ashwaubenon Municipal Code of Ordinances: Chapter 10, Article I.
Emergency Alarm Systems, Sec 10-1-19 through 10-1-24. Code can be found at
ashwaubenon.gov**

PAYMENT OPTIONS/REMITTANCE:

Please do not email or fax applications or any supporting documents. This permit can only be submitted in person (Monday – Friday, 8:00 a.m. – 4:30 p.m.) or by mail.

In Person

Cash, check, or credit card are accepted when paying in person.

Mail

If paying by mail, only checks will be accepted.

Please remit completed application along with any supporting documents and check to:

Village of Ashwaubenon
Dept. of Public Safety - Permits
2155 Holmgren Way
Ashwaubenon, WI 54304

APPLICANT/AGENT SIGNATURE _____ DATE: _____

PLEASE NOTE: THIS PERMIT EXPIRES EACH YEAR (ANNUALLY) ON DECEMBER 31

Any questions about this permit, please contact:
Ashwaubenon Fire Inspection Office at (920) 492-2314

FOR OFFICE USE ONLY

DATE PAID: _____ AMOUNT PAID _____ DATE ISSUED _____

AHJ SIGNATURE (FIRE ALARM ONLY) _____

NOTES _____
