

SCARBOROUGH PUBLIC SAFETY

Application for Municipal, Wireless, Radio Mesh Alarm System Permit





Business Name:		Date:		
Property Owner:		Phone Number:		
Physical Address:		Cell Number:		
Billing Address:		Email:		
Type of Alarm: Burglary	Fire	Combination_		
AES Installer Name: Emergency Contact: (please list 3)	P	Phone:	Em	ail:
Name:	Name:		Name:	
Address:	Address:		Address: _	
Phone:	Phone:		Phone:	
Signature: Date:				
Fire Alarm AES Monitoring Requirements: 7707 Intellinet 2.0 Fire Subscriber or greater Scarborough AES Frequency-453.0875 Zone 1 Waterflow Alarm Zone 2 Smoke/Duct Detectors (Alarm Causing), Heats Zone 3 Pull Stations Zone 4 Carbon Monoxide Zone 5 Combustible Gas Detector Zone 6 Spare Zone 7 Kitchen Hood/Suppression System Zone 8 Knox Box Tamper		Police Burglary Requirements: 7007 Intellinet 2.0 Burglary Subscriber Scarborough AES Frequency-453.0875 Zone 1 Duress Alarm Zone 2 Medical Alarm Zone 3 Intrusion Alarm Zone 4 Environmental Alarm Zone 5 Trouble		
Fees: (Check Applicable fees below) \$500Annual monitoring Fee for 1 AES Box (Reoccurring annually) \$250.00 Bundled Burglary & Fire monitoring (Reoccurring annually) \$250.00 One-time license fee at time of initial commissioning of the AES Subscriber *Billing Cycle date begins at the first day of the month following installation. * Total Amount Due:				OFFICE USE ONLY Application # Map/Lot # Permit #