



Alarm Permit Application

DevelopmentATX.com | Phone: 311 (or 512 974 2000 outside Austin)
For submittal and fee information, see austintexas.gov/digitaldevelopment

An alarm permit application is required for each separate alarmed location. Alarm permits are not active until the permit fee has been paid. For submittal guidance or if you have any questions, please call [3-1-1](tel:311) or email us at dsdalarm@austintexas.gov.

Section 1: Alarm Location Information

Alarm Permit Type: Residential Commercial Principal (Apartment Complex)

The alarm permit type will determine the fees that are invoiced. Please choose the correct option. For permit type definitions, visit the "Alarm Permit Types" at austintexas.gov/alarms.

Occupant or Business Name: _____

Address: _____

Suite, Building, Unit, or Apartment No. (if applicable): _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Contact Name: _____

Section 2: Billing Address

Check if same as alarm site

Name: _____

Billing Street Address: _____

Suite, Building, Unit, or Apartment No. (if applicable): _____

City: _____ State: _____ Zip: _____

Email: _____ Primary Phone: _____

Secondary Phone: _____

Section 3: Alarm Company

Not Monitored

Monitored By: _____

Phone: _____

Section 4: Acknowledgement and Signature

Check this box if you would like to receive all future correspondence by email.

I understand the following for the Alarm Permit (Check each box to acknowledge):

- The permit is valid for 12 months.
- If a permit is still required after 12 months, I am responsible for renewing the alarm permit even if I do not receive the renewal notice.
- The permit may be revoked if there are unpaid response fees.
- When I am ready to cancel the alarm permit, I must do so in writing as outlined in the “Cancel an Alarm Permit” section on the Alarm Administration webpage at austintexas.gov/alarms.

I have read the completed application and know it is true and correct. I agree that if a permit is issued, I will comply with all provisions of the [City Code, Title 4, Chapter 4-2](#), and applicable State laws. I accept responsibility for payment of all fees that may result from the operation of the alarm serving the above alarmed location.

Signature: _____ Date: _____

Print Name: _____