

BOROUGH OF CARLSTADT

500 Madison Street
Carlstadt, NJ 07072

**BURGLAR/FIRE ALARM
PERMIT APPLICATION**

Location of Burglar/Fire Alarm:

Company Name: _____

Street Address: _____

Contact Person: _____

Phone #: _____

Burglar Alarm Permit Fee \$50.00 each # of Alarms at above location: _____

Fire Alarm Permit Fee \$50.00 each # of Alarms at above location: _____

Amount Enclosed: \$ _____

Make checks payable to: **Borough of Carlstadt**

Name of Alarm Company that services your alarm:

Billing information for YOUR COMPANY if different than above:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone # _____

All permits expire on December 31,.

***This application must be returned by January 31,.**

FOR OFFICE USE ONLY PLEASE DO NOT WRITE HERE

Burglar Permit # _____ Date Issued: _____ Check # _____

Fire Permit # _____ Date Issued: _____ Check # _____

For information or questions contact: Denise Oehlmann 201-531-8710