

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 for each permit \$150** _____ # of permits

Fire Alarm Permit **Fee for each permit \$150** _____ # of permits

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, 20 .

***This application must be returned by January 31, 20 .**

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