



City of Heath

IMPORTANT INFORMATION ABOUT YOUR RESIDENTIAL OR COMMERCIAL ALARM SYSTEM

New Alarm Permit Requirement

On September 16, 2008, the Heath City Council ordained that effective January 1, 2009, anyone responsible for the operation of or in possession of an alarm system in the City of Heath will be required to obtain a permit for operation of such system. The permit will be renewed each year. A penalty of \$200.00 may be assessed if the alarm system has not been registered for a permit. The permit requirement applies to monitored and non-monitored systems.

For purposes of this ordinance, vehicle alarms and alarms designed to alert only the inhabitants of a premise, i.e. smoke alarms, are not considered an alarm system and do not require a permit.

False Alarm Tracking

Alarm calls will be tracked to identify when systems have not been properly registered or when an alarm system results in excess of three false alarms per calendar year.

Penalties for alarm calls in excess of three false alarm calls per calendar year range from \$50.00 to \$750.00 per occurrence; depending upon the type of alarm system and number of false alarms. There are no penalties for the first three false alarm calls.

Applying for an Alarm Permit

Applications may be obtained at www.heathtx.com or at City Hall, 200 Laurence Drive, Heath. An application may also be obtained by mail by calling the Heath Department of Public Safety at 972-961-4900. Please complete the

application and return with a check for the appropriate amount. If you mail in your registration, a receipt will be returned to you by mail if requested. Please make your check payable to **City of Heath**.

Annual Fee for an Alarm Permit

The residential permit fee is **\$35.00/year**. The commercial permit fee is **\$50.00/year**.

The permit is good for a calendar year and must be renewed annually by or upon the expiration date. A separate alarm permit is required for each street address and each system.

Alarm permits are not transferable to other individuals or businesses. Should you change your home or business location, your permit automatically expires and the new owners will be responsible for a permit upon occupation of the property.

Failing to Apply For a Permit

The City of Heath is allowing a grace period of 60 days from the effective date of January 1, 2009. After **March 2, 2009**, citizens or businesses that do not apply for a permit are subject to a non-registration penalty of \$200.00.

Additional Questions?

To review the ordinance, please go to www.heathtx.com. For additional questions, please contact the Heath Department of Public Safety at 972-961-4900.



CITY OF HEATH ALARM PERMIT APPLICATION

All information must be completed-----This is a two-page form

This is a: New Permit Renewal

Mail to: 200 Laurence Dr. Heath, TX 75032

ALARM SITE: _____ *Residential - \$35.00/year* _____ *Business - \$50.00/year*

NAME: _____

ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE: _____

ALARM SYSTEM: ___ FIRE ___ BURGLAR ___ BOTH

PERMIT HOLDER - one name only ---- Permit holder must reside locally (Metroplex)

NAME: _____ TITLE: _____

DRIVERS LICENSE NO.: _____ DATE OF BIRTH: ___/___/___

ADDRESS: _____

CITY: _____ ZIP CODE: _____ E-MAIL ADDRESS _____

HOME TELEPHONE: _____ WORK: _____ CELL: _____

ALARM COMPANY INFORMATION

NAME: _____

ADDRESS: _____ TELEPHONE: _____

Complete emergency contact information on reverse side. Unless otherwise noted, the permit holder will be considered the first emergency contact to be notified. List only those individuals who reside in the local area and are able and willing to respond in a timely manner to the alarm site. Businesses must have at least two emergency contact people listed.

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of City of Heath Ordinances and applicable State Laws. I accept responsibility for payment of all fees or charges and any civil action that may result from the operation of this alarm system.

Applicant's Signature

Date Submitted

OFFICE USE: RECEIVED BY _____ PERIOD _____ TO _____ DATE _____

EMERGENCY CONTACT INFORMATION

*List only one full name per contact --- All information required unless otherwise noted.
For identification and security purposes, you may provide a contact's date of birth / drivers license number.*

1) NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____
DRIVERS LICENSE STATE AND NUMBER: (optional) _____

2) NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____
DRIVERS LICENSE STATE AND NUMBER: (optional) _____

3) NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____
DRIVERS LICENSE STATE AND NUMBER: (optional) _____

4) NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
CELL TELEPHONE: _____ DATE OF BIRTH: (optional) ____/____/____
DRIVERS LICENSE STATE AND NUMBER: (optional) _____