



**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](http://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**

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](http://www.heathtx.com). For additional questions, please contact the Heath Department of Public Safety at 972-961-4900.



# CITY OF HEATH ALARM PERMIT APPLICATION

Permit # \_\_\_\_\_  
(assigned by City)

*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

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*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.*

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1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

CELL TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE STATE AND NUMBER: (optional) \_\_\_\_\_

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2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

CELL TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE STATE AND NUMBER: (optional) \_\_\_\_\_

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