TOWN OF PITTSFORD
Office of the Fire Marshal
11 S. Main Street
Pittsford, NY 14534
(585) 248-6265

Print Form

Alarm Permit Application

In accordance with the Code of the Town of Pittsford, any structure that has a fire alarm which transmits an alarm signal to an alarm company or other party must have an an Alarm Permit on file with the Town.

Make Checks Payable – Town of Pittsford

Two Year Permit - $20.00

Address Information

Name			
Address	City	State	Zip Code
Phone Number	Work Number	Email Address	

Mailing Address (if different from above)

Name			
Address	City	State	Zip Code

Fire Alarm Information

Type of System	Fire ☐	Sprinkler ☐	Other ☐	
System Notifies	Private Alarm Company ☐	911 Communication Center ☐	Other ☐	
Alarm Monitoring Company	Name			Phone Number
Alarm Service Company	Name			
	Address			
	City	State	Zip Code	Phone Number
Location of Alarm Panel				
Enter Number of Detectors	Smoke:	Heat:	Combination:	Other:

Primary Contact REQUIRED

Name			
Address	City	State	Zip Code
Phone Number	Mobile Number	Work Number	Other

Secondary Contact REQUIRED

Name			
Address	City	State	Zip Code
Phone Number	Mobile Number	Work Number	Other

The applicant hereby certifies that all of the above information is true and correct to the best of their knowledge, and will notify the Town of Pittsford – Office of the Fire Marshal – of any changes to the information on this application.

Applicant Signature	Applicant's Name (Print)	Application Date

OFFICE USE ONLY

Permit Number	Issue Date	Expiration Date	Fee Paid	Check Number	PFD	BFD	ERFD