CABARRUS COUNTY ALARM PERMIT/APPLICATION

Permit ID _____

Alarm Site _____ Suite or Apt _____

(Complete Street Address with Zip Code)

Date Expires _____

Type

- ☐ Residential - Fee $15.00
- ☐ Apartment (single unit) - Fee $10.00
- ☐ Apartment (complex) - Fee $20.00
- ☐ Commercial - Fee $20.00
- ☐ Medical Alert Device (exempt) - Fee $0
- ☐ Exempt Other - Fee $0

Alarm User Name _____

Contact Name _____

Address _____ Suite or Apt _____

City/State/Zip _____

Phone Number _____

Additional Contacts _____

Monitored By

Alarm Business _____

Address: _____

City/State/Zip _____

Phone Number _____

I certify that the above information is true to the best of my knowledge. Any false statement contained herein will nullify and void the Alarm Permit.

_____ _____

Alarm User Signature **Date**

YOUR CANCELLED CHECK WILL SERVE AS YOUR RECEIPT UNLESS OTHERWISE REQUIRED

Return with fee to: Cabarrus County Fire Marshal's Office
30 Corban Avenue, SE, Suite FM601
PO Box 707
Concord, NC 28026-0707
704-920-2143