

952 Route 103, Newbury NH 03255 Application for Central Station Emergency Alarm System Permit

Liability of Town Limited: The issuance of an alarm permit does not constitute approval of an alarm system or installation by the Town of Newbury, its Police Department or its Fire Department. The Town of Newbury and the Newbury Police and Fire Departments shall not be liable for any defects in the operation of alarm devices or any failure or neglect to respond appropriately upon the receipt of an alarm from these devices or failure to transmit timely and accurate information by the central station company. This application is for a Central Station Alarm Permit issued under the authority of Chapter 30, Town of Newbury Ordinances. This permit is not an authorization to violate any State law or other chapter or provision of the Town of Newbury Ordinances. The authorizing official holds no liability in the issuance of this permit. It is the responsibility of the applicant / property owner to abide by all applicable state laws and Town of Newbury Town Ordinances. All fire alarm systems shall be installed by a qualified installer and conform to the National Electrical Code (NFPA 70) and the National Fire Alarm Code (NFPA 72). All Central Station answering services shall hold a valid permit from the Town of Newbury. Violations of the ordinance, including operating without a permit or after suspension of the permit may result in penalties as stipulated in the Ordinance. Violations of the provisions of the permit and Ordinance may result in the suspension or revocation of the permit by the Town of Newbury Fire Chief or Police Chief. A new permit is required for any change in property ownership or central station monitoring company.

Application for: Fire Alarm Per Type Alarm: Intrusion Fire Ca	<u> </u>	<u> </u>		
Applicant Name:	e-mail			
Alarm Address:				
Description of building (Type, color etc.)				
Street address number visible from the stre	eet (Required)	Yes No		
Address (if different)		City	State	Zip
Telephone:Cell Phone):	Other Phones		
Alternate Contact: Name:(Local person with access to pro Additional Contact Name:				
Alarm Installer/Service Company:		Phone:		
Does the contact have keys to the property	/? 🗌 Yes 🗌 No,			
Alarm (Manufacturer, model):				
Central Station Monitoring Company:				
Business Telephone:	24 H	Hr. Telephone:		
Additional Information:				
☐ Handicapped resident ☐ Dog on prem	nises Fire Dep	artment Knox Box [Key Box (N	Note location)
Hazard on premises (Explain):		Other (Explain):	
Applicant Signature:		Date:		
Approved by: Da	te/	Police Chief	Dat	te

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