



# CITY OF FULSHEAR

## BUILDING SERVICES

PO Box 279 / 29255 FM 1093 #12C

Fulshear, Texas 77441

Phone: 281-346-8860 ~ Fax: 281-346-8237

www.fulsheartexas.gov

### ALARM SYSTEM PERMIT APPLICATION

Permit Number \_\_\_\_\_

Issue Date \_\_\_\_\_

#### LOCATION INFORMATION:

NAME: \_\_\_\_\_  
(PERSON OR BUSINESS)

\* If the intended permit holder is a business, please attach a copy of the applicable document to this application form: (A) assumed name registration, (B) partnership registration, if any, and the names and addresses of the general managing partner, and all other general partners if the permit holder is to be a partnership, (C) corporate charter with the names and addresses of all officers and the registered agent, or (D) certificate of authorization to do business from the Secretary of State of Texas if the permit holder is to be an out-of-state corporation.

ADDRESS: \_\_\_\_\_  
(Where alarm system will be operated) Street Address Apt/Condo/Suite # City/State Zip Code

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

MAILING/BILLING ADDRESS: \_\_\_\_\_  
(If different than above Address) Street Address/P O Box Apt/Condo/Suite # City/State Zip Code

TYPE OF LOCATION: \_\_\_\_\_ HOUSE \_\_\_\_\_ APT \_\_\_\_\_ BUSINESS \_\_\_\_\_ (OTHER) \_\_\_\_\_

ALARM MONITORING COMPANY: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Local Telephone Number License Number

PERMIT APPLICANT: (Individual Making Application)

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If different than above Mailing/Billing Address) Street Address Apt/Condo/Suite # City/State Zip Code

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

DRIVER LICENSE / IDENTIFICATION #: \_\_\_\_\_ STATE: \_\_\_\_\_ DOB: \_\_\_\_\_

CONTACTS: Please list below two (2) LOCAL emergency contacts, other than the INTENDED PERMIT HOLDER OR ALARM COMPANY that are willing and able to respond WITHIN (1) ONE HOUR to grant access or secure the property, or deactivate the alarm system in the event the owner/occupant cannot be contacted.

NAME OF CONTACT #1: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

NAME OF CONTACT #2: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_) \_\_\_\_\_

STATEMENT OF HAZARDOUS CONDITIONS AT ALARM SITE: (Check the Statement that applies)  
\_\_\_\_ THE APPLICANT/INTENDED PERMIT HOLDER ACKNOWLEDGES AND REPRESENTS THAT THERE ARE NO DANGEROUS OR SPECIAL CONDITIONS PRESENT AT THE ALARM SITE.  
\_\_\_\_ DANGEROUS OR SPECIAL CONDITIONS DO EXIST AT THE ALARM SITE. You are requested to attach to this Application a DETAILED statement of the nature of the dangerous or special conditions for the safety of County Law Enforcement Officials that respond to activated alarms.



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The Applicant/Intended Permit Holder acknowledges and represents that all outstanding fees, fines, charges, costs and/or court judgments relating to the Revised Rules Governing the Regulation of Alarm Systems within the City of Fulshear, Texas and owed to Fulshear have been paid or satisfied. Please note that the City of Fulshear has rules, policies and procedures that are not specified on this application.

The Applicant/Intended Permit Holder acknowledges and authorizes that information contained in the alarm records of the Alarm Detail may be given to applicant's alarm company (for the purpose of the reduction of false alarms).

The Applicant/Intended Permit Holder affirms that he/she has read this application and that all information herein is true and correct to the best of his/her knowledge. This application may be denied, or permit revoked, for false or misleading information, and that the Applicant, if other than the intended permit holder, certifies herein that he/she is authorized to act for the intended permit holder.

**THE APPLICANT/INTENDED PERMIT HOLDER FURTHER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE INFORMATION CONTAINED IN THIS APPLICATION.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMIT MUST BE ISSUED BEFORE ALARM SYSTEM IS ACTIVATED TO AVOID FEES AND/OR FINES** *Incomplete/Illegible applications will be returned. Applications received without Permit Fee will be returned*

**PERMIT FEES:** \$50.00 Residential permit  
\$25.00 Residential renewal permit  
\$100.00 Nonresidential alarm permit  
\$100.00 Nonresidential renewal permit

\*Permit fees for government offices shall not be required.

**PERMIT TERM:** An alarm system permit shall be valid for a twelve (12) month period from the date of issuance as stated on the permit, and shall expire on the last day of the twelfth month. The beginning for the renewal permit term shall be the first day of the month following expiration.

**PERMIT RENEWAL:** The permit holder, on or before the expiration of the alarm system permit shall submit to the Alarm Detail a renewal permit application, to the City of Fulshear - Alarm Detail, along with the applicable renewal fee.

**GOVERNMENT OFFICE:** An Alarm System on premises occupied by the United States Government, the State of Texas, the County of Fort Bend, or a publicly funded school shall require a permit, but no fee is required.

**CHANGE OF INFORMATION IN PERMIT APPLICATION:** The permit holder has an affirmative duty to amend any information contained or attached to the permit application that has changed or is out of date and filed with the Alarm Detail within thirty (30) days after the information changed or was out of date.

**OPERATING AN ALARM SYSTEM WITHOUT A PERMIT: ANY PERSON OR ENTITY OPERATING AN ALARM SYSTEM WITHOUT A PERMIT IS SUBJECT TO A FINE OF NOT MORE THAN \$500.00 PER VIOLATION.**

**REVOCATION OF ALARM SYSTEM PERMIT:** An alarm system permit may be revoked if the permit holder: (a) has violated a provision of Chapter 214, Texas Local Government Code, any provision of the City of Fulshear Ordinance number 2012-1073, (b) has failed to make payment in full to the City of Fulshear for any fees, fines, charges, costs and/or court judgments entered by a court of competent jurisdiction within forty-five (45) days of the date the Alarm Detail has mailed a notice to the permit holder, (c) accrues more than eight (8) false alarms, including the first three (3) charge free false alarms, during the term of the permit, (d) accrues three (3) or more false alarms subsequent to a reinstatement renewal permit during the remainder of the then current permit term, (e) fails to renew the alarm system permit prior to the expiration, (f) fails to update the alarm system permit application, (g) submits payment by check or credit card made to City of Fulshear, and is dishonored or charged back.

**BILLING INFORMATION:** Locations with a valid permit are allowed three (3) false alarms each permit year (issue/expiration date on permit) without charge. **EACH FALSE ALARM AFTER THE THREE (3) FREE FALSE ALARMS ARE CHARGEABLE AND WILL BE ASSESSED A FEE PER THE CITY OF FULSHEAR FALSE ALARM FEE SCHEDULE.** (a permitted alarm will not be charged for weather related false alarms)

For all payments to the Alarm Detail for fees, fines, charges or costs, payment by check or money order should be made payable to the

**CITY OF FULSHEAR ALARM DETAIL** and send to: PO BOX 279, FULSHEAR, TX 77441