



PHONE: 956-402-4700
Fax: 956 784-7839
MONDAY THROUGH FRIDAY 8 a.m. to 5 p.m.

CITY OF PHARR
ALARM PERMIT APPLICATION
FOR ONE ALARM SYSTEM

PLEASE PRINT
**THE APPLICATION MUST BE RETURNED
IF NOT FILLED OUT COMPLETELY.**

PERMIT FEE:

NEW ALARM RESIDENTIAL OR COMMERCIAL \$20.00
RENEWAL RESIDENTIAL OR COMMERCIAL \$15.00
LATE FEE AFTER THIRTY DAYS (30) \$50.00

List any known hazards police officers may encounter at alarm site:

PLEASE READ BEFORE FILLING OUT APPLICATION:

1. PERMIT HOLDER- We must have the name, address and telephone numbers (home and business) of the PERSON who will be responsible for the alarm system. A **COMPANY NAME IS NOT ACCEPTABLE.**
2. Signature of applicant/permit holder must be the signature of the person listed as permit holder.
3. Please list all zip codes, and all area codes other than 956.
4. Application must include check or money order made out to City of Pharr, Texas. Also Cash accepted.
5. No permit fee shall be required for a permit obtained for an alarm system at a one-family dwelling when the alarm site is determined by the Chief or authorized designee to be occupied by a 65 years of age or older, declared disabled, or is the widowed spouse of a military veteran. MUST SHOW PROOF

ALARM LOCATION INFORMATION:

NAME (Business Name OR Resident Name) HIDALGO COUNTY PHARR WIC #2

ALARM LOCATION ADDRESS 300 W. HALL ACRES STE.A APT # _____

MAILING ADDRESS (if Different) 3105 W. University , Edinburg, Texas 78539

EMAIL ADDRESS _____

PERMIT HOLDER INFORMATION (PERSON/USER RESPONSIBLE FOR ALARM SYSTEM):

NAME _____ DRIVER'S LICENSE # _____

RESIDENCE ADDRESS 300 W.Hall Acres Ste A CITY Pharr STATE TX

TITLE (Owner, Tenant, Manager, etc.) _____

PHONE # HOME (956)781-4920

PHONE # WORK (956)781-4975

CONTACTS – Please list two (2) Local emergency contacts, other than the intended permit holder or alarm company, that are willing and able to respond **WITHIN THIRTY (30) MINUTES** to grant access, secure property or deactivate the alarm system if the owner/occupant cannot be contacted.

NAME OF CONTACT #1: Karol Medrano PHONE NUMBER: (956)533-2883

NAME OF CONTACT #2: Maritza Martinez PHONE NUMBER: (956)457-7264 ZIP: 78577

PERMIT TYPE: PERMIT STATUS:

COMMERCIAL NEW ALARM RESIDENCE RENEWAL

65 OVER, DECLARED DISABLED OR WIDOWED SPOUSE OF MILITARY VETERAN

ALARM COMPANY NAME AND PHONE NUMBER: Superior Alaram (956)682-6005

ALARM TYPE: Burglary Hold-up/Robbery/Panic/Hostage Other

SUBMIT A SEPARATE PERMIT APPLICATION (AND FEE) FOR EACH SYSTEM. PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE. 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 Ordinance No. O-2014-26 of the City of Pharr and applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system described above.

DATE _____
Signature of Applicant/Permit Holder _____

SEND COMPLETED / SIGNED APPLICATION AND CHECK TO:

CITY OF PHARR

ALARM DIVISION

1900 S CAGE BLVD PHARR, TEXAS 78577

USE ONLY OFFICE: DATE RECEIVED:	PERMIT NUMBER:	EXPIRATION DATE: