



## Ashwaubenon Department of Public Safety Annual Alarm User Permit Application

2155 Holmgren Way, Ashwaubenon, WI 54304  
P: 920.492.2995 F: 920.492.2986  
[ashwaubenon.gov](http://ashwaubenon.gov)

PERMIT EXPIRES DEC 31 EACH YEAR

TYPE		FEE
<input type="checkbox"/>	BUSINESS	\$25
<input type="checkbox"/>	RESIDENTIAL	\$15
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/> RENEWAL

### GENERAL INFORMATION

Please check one: ☒ Residential 1 or 2 family dwelling ☐ 3 unit residential or more ☐ Commercial

Resident/Business Name(s) \_\_\_\_\_

Property Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

*\* Approved permit will be mailed or emailed to the address of where the alarm system is located.*

### BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Resident/Business Name(s) \_\_\_\_\_

Property Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### SECURITY ALARM SYSTEM

Date of initial activation \_\_\_\_\_

Keyholder/Emergency Contact #1 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Keyholder/Emergency Contact #2 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Seller/Installer \_\_\_\_\_ Phone \_\_\_\_\_

Alarm Monitoring Company \_\_\_\_\_ Phone \_\_\_\_\_

### FIRE ALARM SYSTEM

Date of initial activation \_\_\_\_\_

Type of system: Conventional; Addressable; Other, Explain \_\_\_\_\_

Keyholder/Emergency Contact #1 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Keyholder/Emergency Contact #2 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Seller/Installer \_\_\_\_\_ Phone \_\_\_\_\_ Alarm

Monitoring Company \_\_\_\_\_ Phone \_\_\_\_\_

Testing and Maintenance Company \_\_\_\_\_ Phone \_\_\_\_\_

## FOR FIRE ALARM SYSTEMS ONLY

\*\*\*Please submit with this application a zone/component map and list of monitored components. The map should contain all floors of the building and have all fire alarm components labeled and located on the map. The map should also contain a legend or key that clearly identifies devices. These items can be obtained from your testing and maintenance company or monitoring company. The map and list will be reviewed by Ashwaubenon Public Safety after submittal of this application to ensure they match and are acceptable for emergency response purposes. Copies of the map and approved permit should also be placed near the fire alarm control panel in the building \*\*\*

**Village of Ashwaubenon Municipal Code of Ordinances: Chapter 10, Article I.  
Emergency Alarm Systems, Sec 10-1-19 through 10-1-24. Code can be found at  
[ashwaubenon.gov](http://ashwaubenon.gov)**

## PAYMENT OPTIONS/REMITTANCE:

Please do not fax applications or any supporting documents. This permit can be submitted in person (Monday – Thursday, 7:30 a.m. – 4:30 p.m., Friday, 7:30 a.m. – 11:00 a.m.) or by mail or email [apsrecords@ashwaubenon.gov](mailto:apsrecords@ashwaubenon.gov).

**In Person** - Cash, check, or credit card are accepted when paying in person.

**Phone** - Credit card is accepted when paying over the phone.

**Mail** - If paying by mail, only checks will be accepted.

Please remit completed application along with any supporting documents and check to:

Village of Ashwaubenon  
Dept. of Public Safety - Permits  
2155 Holmgren Way  
Ashwaubenon, WI 54304

APPLICANT/AGENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: *THIS PERMIT EXPIRES EACH YEAR (ANNUALLY) ON DECEMBER 31***

Any questions about this permit, please contact:  
Ashwaubenon Fire Inspection Office at (920) 492-2314  
[jsala@ashwaubenon.gov](mailto:jsala@ashwaubenon.gov)  
[jjohnson@ashwaubenon.gov](mailto:jjohnson@ashwaubenon.gov)

## **FOR OFFICE USE ONLY**

DATE PAID: \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

AHJ SIGNATURE (FIRE ALARM ONLY) \_\_\_\_\_

NOTES \_\_\_\_\_

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