CITY OF LA MARQUE, TEXAS
"Gateway to the Gulf"
1130 1st St., La Marque, TX 77568
Ph: (409) 938-9219
Permits@CityofLaMarque.org

Permit #_____

Fee Pd ____/____/_____

Issued ____/____/_____

Alarm Permit Application

Please fill out the application completely, insuring that it has been signed and dated. This application is good for one (1) year from the date of issue. It is the responsibility of the permit holder to renew their permit every year. There will be an assessment of a thirty dollars ($30.00) fee for every false alarm after ten (10) for residential homes and a fifty dollar ($50.00) fee for every false alarm after seven (7) for commercial in a one year period. If you have any questions, contact the City of La Marque Permit/ Inspections Department at (409) 938-9204

This application should be delivered to the City of La Marque permit office along with permit fee of twenty dollars ($40.00) for residential or one hundred dollars ($150.00) for commercial or mailed to:

City of La Marque
Attn: Alarm Permits
1130 1st ST.
La Marque, TX 77568

It is the responsibility of the applicant to maintain the alarm in proper working condition. During extreme weather conditions, any false alarm will not be counted against the allowable false alarms during that year. An officer, upon notification of an alarm, will check the property that is reported by the alarm company. If alarm activation is deemed to be a false alarm by the responding officer, he/she will leave a False Alarm Notification form notifying you of the false alarm.

Residential Alarm fee $40.00

Commercial Alarm Fee $150.00

Residential Renewal Fee $40.00

Commercial Renewal Fee $150.00

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****PROPERTY TYPE****

☐ Commercial - $150.00 ☐ Residential - $40.00

PURPOSE FOR APPLICATION:

☐ New Alarm System ☐ Alarm Permit Renewal ☐ Update Current Alarm Information

Property Location: _____

Applicant / Owner Information

NAME: _____ DATE OF BIRTH: ___/___/_____ I.D. NUMBER: _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

PHONE NUMBER: _____ SECONDARY PHONE: _____

EMAIL: _____ (Used for renewal reminders ONLY)

***** For Commercial Property *****

NAME OF BUSINESS: _____ PHONE: _____ EXT: _____

Alarm Monitory Company

COMPANY NAME: _____ COMPANY PHONE: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

MONITORING TYPE:

☐ Burglary ☐ Hold-up / Panic ☐ Fire / Medical Emergency

DESIGNATED EMERGENCY CONTACT INFORMATION:

** Note – the person you choose to designate as your emergency contact must have access to your dwelling and alarm system, they will also be required to make decisions for you in the event that you cannot be reached.

NAME: _____ RELATIONSHIP: _____PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

NAME: _____ RELATIONSHIP: _____PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

REGARDING THE REFERENCED PROPERTY, ARE THERE ANY OF THE FOLLOWING:

- Young children, elderly, or handicap persons? ☐ NO ☐ YES _____
- Hazards? ☐ NO ☐ YES _____
- Animals? ☐ NO ☐ YES _____
-

LIST ALL INDIVIDUALS WHO RESIDE AT ALARM LOCATION:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

Applicant Signature _____ Date _____

By signing – I, the applicant, or authorized agent of said applicant, affirm that all the information contained herein is true to the best of my knowledge. I understand that this application may be denied for any false or misleading information, and can also be revoked at any time for any disciplinary reasons or failure to pay any fees owed to the City in accordance with the City of La Marque code of ordinances chapter 5.