



(561) 243-7200 Fax: (561) 243-7221



RESIDENTIAL ALARM SYSTEM CERTIFICATION

DATE _____

PERMIT NO. _____

I, _____ (permit qualifier) intending to be legally bound, hereby certify that the work authorized by this permit has been installed in accordance with the currently adopted construction codes and standards of the City of Delray Beach.

Job

Address: _____

Signature, Permit Qualifier

Company Name

License # _____

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me, this _____ of _____, _____, by _____ (Qualifier of Company), who is personally known to me or who has produced _____ (Type of I.D.) as identification and who did/did not take an oath.

Seal

Signature of Person Taking Acknowledgement

Name of Officer taking Acknowledgement,
Typed, printed or stamped

Title or Rank

Serial Number, if any

PLEASE RETURN TO THE CITY OF DELRAY BEACH BUILDING DIVISION, 100 NW 1ST AVE. WHEN WORK IS COMPLETE.

NOTE: ALL ALARMS MUST BE REGISTERED WITH THE CITY OF DELRAY BEACH THROUGH THE OCCUPATIONAL LICENSE OFFICE AT 243-7209.