PUBLIC SAFETY
Regulatory Affairs

Print Form

ALARM PERMIT APPLICATION

The goals of the City of Irvine's False Alarm Program are to protect our police resources by reducing the number of false alarm responses and to educate the community on how to avoid false alarms. The following information is provided to assist you in understanding your responsibilities as an Alarm User and to be aware of the fines and penalties for excessive false alarms. If you have any questions regarding the Alarm Program, please contact the Alarm Coordinator at (949) 724-6467.

INFORMATION SHEET

ALARM PERMITS ARE REQUIRED:

City Council Ordinance 98-15 requires all alarm users to file for an Alarm Permit with the Irvine Police Department.

APPLICATION INSTRUCTIONS:

1. There is no fee for an Alarm Permit. A separate application must be completed for each alarm system at each location. Permits cannot be transferred to another person or entity.
2. The Responsible Party is required to notify the Alarm Coordinator of any changes on the application within ten (10) business days. Also, please notify the Alarm Coordinator if you move or if your business closes.
3. You may submit an application by:

MAIL: Irvine Police Department
ATTN: Alarm Coordinator
P.O. Box 19575
Irvine, CA 92623-9575

FAX: (949) 250-3090

ONLINE: www.irvinequickrecords.com/alarmrequest

FALSE ALARM FEES:

In an effort to reduce the number of false alarms responded to by the Irvine Police Department, a sliding fee scale for false alarms was enacted in October 1999. **Please note that locations without an alarm permit on file with the Irvine Police Department will be fined the maximum penalty for a false alarm.** Please see chart below.

ITEM NUMBER	DESCRIPTION	FEES	
		COMMERCIAL	RESIDENTIAL
1	False Alarm Number 1	$0	$0
2	False Alarm Number 2	$0	$0
3	False Alarm Number 3	$0	$0
4	False Alarm Number 4	$100.00	$50.00
5	False Alarm Number 5	$150.00	$75.00
6	False Alarm Number 6	$200.00	$100.00
7	False Alarm Number 7 (or more)	PUT ON **NO RESPONSE** and	
		$300.00	$200.00
8	False Alarm while Permit Revocation Appeal	$300.00	$200.00
9	False Alarm without Alarm Permit	$300.00	$200.00

FALSE ALARM USER AWARENESS CLASS:

Alarm users are invited to attend a False Alarm User Awareness Class to obtain a credit voucher for the **fourth** false alarm fee every year. Users must attend the first class after the false alarm. Users are still responsible for paying all applicable alarm fees incurred after the class and those occurring while waiting for a class. To register for the classes, please call the Alarm Coordinator at (949) 724-6467.

WHAT YOU SHOULD KNOW AS AN ALARM SUBSCRIBER

You will incur a fine if your alarm system generates more than three (3) police responses in a consecutive 365-day period. For this reason, the following suggestions will help you to keep false alarms to a minimum and protect police resources.

BEFORE YOU OPERATE YOUR ALARM SYSTEM:

1. Ensure each person with access to your security system (family members, cleaning crew, real estate agents, baby sitters, service and delivery personnel, etc.) knows how to operate the system. Each alarm user should know how to turn the system on/off, as well as how to cancel accidental activations. Your alarm company should provide you with written instructions, such as a manual.
2. Ask your alarm company how to properly maintain your alarm system (i.e. batteries, cleaning motion detectors, etc.)
3. Ensure your monitoring station knows how to reach you or someone responsible in case of emergency, especially if you are out of town.

BEFORE YOU ACTIVATE YOUR ALARM SYSTEM:

1. When operating your system, make sure all doors and windows are secured and pets have been properly contained.
2. Keep balloons, curtains, fans, heaters, plants, decorations, etc. away from motion sensor areas.
3. Verify that your system is ready to activate. Most systems have an indicator light.
4. After activating the system, leave within the specified time period.
5. If you must return to the alarmed location, turn the system off immediately, even if you just activated the system.

WHAT TO DO IF YOU ACCIDENTALLY ACTIVATE THE ALARM:

1. Use your abort code if you have one.
2. If your central station verifies alarms, wait for the call. Do not attempt to call them (unless your alarm company specifically instructs you to do so).
3. Know your password - the central station will need it to verify the alarm.
4. If the alarm activation is determined to be false, your monitoring company should immediately attempt to cancel the police dispatch. You cannot personally cancel a police dispatch when the call was initiated by the alarm company.
5. Make sure anyone with access to your home or business knows the system code and password, and is instructed in operating the alarm.
6. Have the telephone number of your central station or alarm company handy.

If you have any questions about your alarm system, please contact your alarm company. Thank you for helping to protect our community's police resources.

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ALARM SYSTEM PERMIT APPLICATION

This form must be complete in order to process your application. Please retain a copy of this application for your records.

TYPE OF ALARM		
☐ COMMERCIAL (Nature of Business) _____	☐ RESIDENCE	☐ CHANGE OF INFORMATION

NAME OF RESPONSIBLE PARTY FOR ALARM SYSTEM				
LAST	FIRST		MIDDLE	
RESIDENCE LAST NAME OR BUSINESS NAME			E-MAIL	
STREET ADDRESS (P.O. Box NOT acceptable)			SUITE	ZIP
PREMISES PHONE	ALTERNATE PHONE		ALTERNATE PHONE	
BILLING ADDRESS (Complete if different from above)			SUITE	
CITY			STATE	ZIP

In an emergency response, the Responsible Party listed above will be the first person contacted. If the Responsible Party cannot be reached, we will contact the person(s) listed below. You must list two (2) other responsible parties who will respond to the alarm location within 45 minutes of alarm activation, if requested to do so. The two individuals must have the ability to reset or deactivate the alarm system. (FOR BOTH COMMERCIAL AND RESIDENTIAL APPLICANTS)

1. EMERGENCY CONTACT NAME	HOME PHONE	BUSINESS PHONE	CELL PHONE
2. EMERGENCY CONTACT NAME	HOME PHONE	BUSINESS PHONE	CELL PHONE

NAME OF ALARM COMPANY		PHONE NUMBER	
STREET ADDRESS		STATE	ZIP

Any weapons at the alarm location? ☐ NO ☐ YES _____

Any hazardous materials stored or maintained at this location? ☐ NO ☐ YES _____

Any dogs at this location? Are they located inside or outside? ☐ NO ☐ YES Location: ☐ INSIDE ☐ OUTSIDE

PRINT NAME _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY PERMIT NO. _____ PEID NO. _____ ANNIVERSARY DATE _____