

GLADSTONE DEPARTMENT OF PUBLIC SAFETY ALARM PERMIT SUMMARY

On August 28, 1989, the Gladstone City Council passed a false alarm ordinance relating to the responsibilities and usage of an alarm system, which is designed to elicit a response from the Department of Public Safety. The ordinance was passed in part to reduce the tremendous demands placed on the Department of Public Safety due to responding to numerous false alarms.

Listed below is a summary of the alarm ordinance:

1. The alarm ordinance requires all alarm users in the City of Gladstone to complete an alarm permit application and receive an alarm permit number. This application may be obtained from the Gladstone Department of Public Safety. *Motor vehicles are not affected by this ordinance.*
2. There is no fee for obtaining an alarm permit number. The alarm permit number is not transferable. The alarm user should remove any alarm permit sticker and number if the property or business is being transferred to a new owner.
3. When the possession of any alarmed property is transferred, the person obtaining the property must file an application for an alarm permit number within 30 days of the transfer.
4. All residential or commercial alarm systems with audible alarms should be programmed for the audible alarm to cease within 15 minutes of activation if located within 500 feet of an area zoned residential
5. All commercial alarm systems with an audible alarm should be programmed for the audible alarm to cease within 30 minutes of activation if located within all other areas not zoned as residential and not within 500 feet of an area zoned residential.
6. An alarm user will be notified in writing of each false alarm determination. At the time of the sixth false alarm for any user within a permit year (January – December), the Alarm Coordinator will notify the alarm user, in person or by mail, that any additional false alarms during the permit year may require the alarm user's appearance in municipal court or pay a mail-in-fine.
7. The fines for false alarms exceeding six are as follows:
 - a. Seven (7) through ten (10) false alarms - \$25.00 each*
 - b. Eleven (11) through fifteen (15) false alarms - \$50.00 each*
 - c. Sixteen (16) through twenty (20) false alarms - \$75.00 each*
 - d. Twenty-one (21) and each subsequent alarm - \$100.00 each*

** In addition, court costs shall be charged to each violation.*
8. All new alarm systems users will receive a grace period of ninety (90) days from the date of alarm system activation or six (6) false alarms, whichever occurs first.
9. Whenever the information provided on the alarm user permit number application changes, the correct information should be provided to Gladstone Public Safety within 30 days of the change.

GLADSTONE DEPARTMENT OF PUBLIC SAFETY ALARM PERMIT APPLICATION

Please follow the instructions listed below when completing the security alarm permit application. Your application will not be processed unless all information is provided.

1. **Business or Residential Alarm** – Indicates where an alarm will be used. In combination business and residential structure enter as business.
2. **Address** – Common address at which the alarm system is installed, not to include Post Office boxes.
3. **Alarm User** – If alarm is for a business, enter the complete name of the business, as it is known locally, the business address, and telephone number. A residential user is that person actually making use of an alarm device. If the business or resident moves or should close, you should contact the Alarm Coordinator of the Gladstone Department of Public Safety to have the alarm permit invalidated. If there is a name change only, you should contact the Alarm Coordinator and submit a revised application.
4. **Local Business Agent/Resident** – If you are completing a business user application, enter the complete name of the local person responsible for the management of the business, their date of birth, race, sex and business relation, i.e., manager, president, owner, employee, etc. If you are completing a residential user application, only the name of the resident, their date of birth, race and sex need to be completed. This person must be the same person who will sign the alarm user application and will be responsible for all false alarms. This person will also be responsible for any alarm violation(s) that may occur. If this information changes in the future, the alarm user must submit a revised alarm application with the current information to the Alarm Coordinator.
5. **Contact** – Enter the complete name of the second person that will respond to an alarm at the request of the Gladstone Department of Public Safety. For business alarms users, this may be another responsible business employee or designated employee who is a key holder. Residential alarm users should designate a relative or trusted neighbor (key holder). All addresses and telephone numbers entered here should be of a residential origin. If this information changes, a revised alarm application should be submitted to the Alarm Coordinator.
6. **Property Owner/Agent** – Full name, street address and telephone number of the owner/agent at which the system is installed.
7. **Type of System** – Description of the alarm system, including the time it ceases emitting an audible alarm. Indicate type of alarm:
 - a. **Intrusion** – A system primarily designed to detect an unauthorized intrusion of the premises.
 - b. **Holdup** – A device for notification when person(s) attempt to steal goods or money by use of force or threat.
 - c. **Fire** – A system designed to detect smoke or fire on the premises.
 - d. **Medical** – A device for the notification of a medical emergency on the premises.
8. **Alarm Company/Installer** – A full name and address of the alarm company or person installing (or who has already installed) the alarm system. If unknown, enter "UNKNOWN". If you change alarm companies or a new system is installed, submit a revised application with the new information to the Alarm Coordinator.
9. **Date Installed or Took Possession** – Date the alarm system was installed or the date you took possession of the property. If unknown, enter "UNKNOWN".
10. **Serviced By** – If the alarm system is serviced or maintained by someone other than the alarm user, enter the full name of the full name, address and telephone number of the company or person servicing or maintaining the alarm system.
11. **Monitored By** – If the alarm is monitored by a 24-hour central alarm receiving station, enter the full name, address and telephone number for the 24-hour central alarm receiving station. If the alarm is not monitored by a central station and has only an audible warning device on the property, enter "LOCAL ALARM ONLY".

Please sign the application. Remember: the Person signing the application will be responsible for updating the alarm permit and all citations for any alarm violations that might occur. Failure to keep an updated permit application could result in citations be issued in error.

Return Alarm Permit Application. Return the completed Alarm Permit Application to the Gladstone Department of Public Safety, Attention: Alarm Coordinator at the address listed below. *(Enclose a self-addressed – stamped envelope if you wish to have your Alarm Permit Certificate and Alarm Sticker returned to you by mail.)*

**GLADSTONE DEPARTMENT OF PUBLIC SAFETY
ALARM PERMIT APPLICATION**

1. Business Alarm Residential Alarm New Application Revised Application (Permit # _____)

2. Address: _____
(Number) (Street) (City) (State) (Zip)

3. Alarm User:

Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone Number: (_____) _____ Work Telephone Number: (_____) _____

4. Local Business Agent or Resident: * See Below

Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone Number: (_____) _____ Relationship: _____

5. Contact: A second person that can be contacted in the event of an alarm.

Name: _____

Address: _____ Telephone: (_____) _____

6. Property Owner/Agent:

Name: _____

Address: _____ Telephone: (_____) _____

7. Type of System: Intrusion Hold-up Fire Medical Other: _____

8. Installer:

Name: _____

Address: _____ Telephone: (_____) _____

9. Date Installed or Took Possession: _____

10. Serviced by: Installer Other (If other, specify below)

Name: _____

Address: _____ Telephone: (_____) _____

11. Monitored By:

Name: _____

Address: _____ Telephone: (_____) _____
(24-hour contact)

Signature: * This person must sign the alarm permit application and will be the person responsible for any alarm violations.

X _____ Date: _____
(Local Business Agent/Resident Signature)

(DEPARTMENT USE ONLY)

Permit Number Issued: _____ Date: _____ By: _____