



**West Brandywine Township Police Department**  
**198 Lafayette Road • West Brandywine, Pennsylvania • 19320**  
**Emergency 911 • Non-Emergency (610) 383-7000**  
**Police Administration (610) 380-8201 • Fax (610) 384-0438**  
**wbpolice@wbrandywine.org**



## **Alarm Permit Packet**

Attached you will find the following four (4) forms for **Alarm Installation**:

- 1) Contractor's Insurance Verification
- 2) Emergency Notification Form
- 3) Alarm Installation Application Form
- 4) Waiver

1. Contractor's Insurance Verification must be given to the contractor who is installing your alarm. Any contractor doing business in West Brandywine Township is required to have a contractor's verification number issued. If they say they are registered to work in the Township they will have an insurance verification number issued by the Codes Department. For your safety, ask to see that card, and put that contractor's insurance verification number on your application next to their company name.

2. Emergency Notification Form is to provide the police department with a list of names and telephone numbers of people to contact in the event of a problem with your residence or business during alarm activation.

3. Alarm Installation Application Form is used to provide the police department with information on residents and businesses utilizing alarm systems in West Brandywine Township. Fees as specified on Permit Fee Schedule.

The requested information on both forms is basic and self-explanatory. This information is kept confidential and is used only in the event of an alarm or other emergency or problem with your residence/business; i.e. discovered break-in, fire, etc.

When the forms are completed in their entirety, please attach any applicable fees and return them either in person or by mail, to the address listed above. If at any time there are deletions or additions to be made to the forms, please notify the police department so your information can be updated.

This request is made so that the police department can better serve you. Your cooperation in this matter will be appreciated.

**WEST BRANDYWINE TOWNSHIP**

198 Lafayette Road  
West Brandywine, PA 19320  
Phone: 610-380-8201

Parcel #: \_\_\_\_\_

**ALARM INSTALLATION APPLICATION**

***(To be filed in conjunction with attached emergency notification)***

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALARM INSTALLATION INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**RECEIVING AGENT OF ALARM**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Application fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

**THE APPLICANT HEREBY AGREES TO ABIDE BY THE PROVISIONS SET FORTH IN WEST BRANDYWINE TOWNSHIP ORDINANCE NO. 93-03 of 1993, APPROVED BY THE BOARD OF SUPERVISORS OF WEST BRANDYWINE TOWNSHIP ON SEPTEMBER 16, 1993.**

Signature of Alarm Owner: \_\_\_\_\_

Signature of Alarm Installer: \_\_\_\_\_

**WEST BRANDYWINE TOWNSHIP**

198 Lafayette Road  
West Brandywine, PA 19320  
Phone: 610-380-8201

**EMERGENCY NOTIFICATION**

Date: \_\_\_\_\_

Resident/ Business Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**EMERGENCY CONTACTS AND TELEPHONE NUMBERS  
(Please provide at least three (3) names in order of preference)**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

#6 \_\_\_\_\_

**ALARM INFORMATION:**

Type of Alarm: \_\_\_\_\_  
(Intrusion, hold-up, fire and/or panic)

Alarm Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Note: Alarm installation application must also be filed.**

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

**CONTRACTOR'S INSURANCE VERIFICATION**

**FEE PER CURRENT FEE SCHEDULE**

DATE: \_\_\_\_\_

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

**VALID FOR ONE YEAR FROM DATE OF ISSUANCE**

**CONTRACTOR INFORMATION:**

Contractor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Names of principal partner or officer: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: \_\_\_\_\_

Certificate of Insurance attached: Yes No

**CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

**AFFIDAVIT**

**To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.**

Name of Applicant: \_\_\_\_\_

Federal or State Employer or Tax Identification No: \_\_\_\_\_

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without employees-Contractor prohibited by Law from employing any individual to perform work pursuant to this Building Permit unless Contractor provides proof of insurance to the Township.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**My Commission Expires:**