



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

LOW VOLTAGE ALARM SYSTEM PROJECT LABEL REQUEST

Contractor Information:

Qualifier's Name: _____ State License No.: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

NOTE: UNUSED LABEL(S) ARE VALID FOR ONE YEAR AFTER DATE OF PURCHASE

Quantity of Labels Requested: _____

Site Address (If Known): _____

NOTICE

Labels are issued in accordance with a Low Voltage Alarm System Project procedure for projects related to the installation, maintenance, inspection, replacement or service of a new or existing alarm system, as defined in s. 489.505 and 553.793, with the following conditions:

- The installation requires no plan review.
- The installation may not include a fire alarm system, or any component thereof.
- A "permit label" is required for every separate and detached building on a construction site where a low voltage alarm system may be installed or replaced.
- The contractor is required to post the "permit label" in a conspicuous place on the premises before commencing work.
- The contractor is required to notify the City of Belleview Building Department within 14 days of completion of an alarm project by submitting a "Uniform Notice of a Low-Voltage Alarm System Project."
- Permit Label fees are non-refundable.

Contractor's Signature:

Date: _____

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20_____, by _____ who is personally known to me or has produced _____ as identification.

Notary Public Signature

Print, type, or stamp commission name of Notary Public

Notary Seal