



# CITY OF BELLEVIEW

City with Small Town Charm

[www.belleviewfl.org](http://www.belleviewfl.org)

## Development Services

5525 SE 119<sup>th</sup> St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

### UNIFORM NOTICE OF A LOW-VOLTAGE ALARM SYSTEM PROJECT

The contractor is required to notify the City of Belleview Building Department within 14 days of completion of an alarm project by submitting this form. A local enforcement agency may take disciplinary action against a contractor who fails to timely submit a Uniform Notice of a Low Voltage Alarm System Project.

#### Owner Information:

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

#### Project Information:

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Date Project Completed: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Label/Certificate # Used: \_\_\_\_\_

#### Contractor Information:

Qualifier's Name: \_\_\_\_\_ State License No.: \_\_\_\_\_

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

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

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

Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate.

#### Contractor's Signature:

\_\_\_\_\_

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