



CITY OF BELLEVUE
 "City with Small Town Charm"
 DEVELOPMENT SERVICES DEPARTMENT
 5525 SE 119th St., Belleview, Florida 34420
www.belleviewfl.org Email: DSStaff@belleviewfl.org
 Telephone: (352) 245-7021 Fax: (352) 245-6532

For Office Use Only:

Certificate #: _____

Issued By: _____

Date: _____

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: _____