

Lancaster County, SC
Alarm System Permit Application

Business or Residence

(Please circle one)

Date: _____

Street Address:

Telephone: _____ Pager: _____ Cell Phone: _____

Mailing Address: _____

Contact Persons With A Key Or Alarm Code:

1. Name: _____ Telephone: (h) _____

Address: _____ (w) _____

2. Name: _____ Telephone: (h) _____

Address: _____ (w) _____

Alarm Company Name: Comporium Security _____

Does this company monitor your alarm system? **YES** _____

Any Animals on Property yes no If yes, type _____

Is your animal restrained? ____yes____no If yes, in what manner

_____Chained_____Fence_____other

Fee: \$10 Note: FEE MUST ACCOMPANY APPLICATIONS

Checks or money orders should be made payable to Lancaster County

Treasurer's

Office, PO Box 729 Lancaster SC 29721

Attention: Building and Zoning Department