



**CITY OF COOPER CITY**  
**BUILDING DEPARTMENT**  
**\*NOTICE OF LOW-VOLTAGE ALARM SYSTEM**  
 \*FS.2013/553.793  
[WWW.COOPERCITYFL.ORG](http://WWW.COOPERCITYFL.ORG)

9090 SW 50<sup>TH</sup> PLACE  
 COOPER CITY, FL 33328  
 PHONE: 954-434-4300  
 FAX: 954-680-1439

**CONTRACTOR INFORMATION**

**APPLICATION#**

QUALIFIER'S NAME: \_\_\_\_\_

(VALID FOR 1 YEAR AFTER PURCHASE)

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

STATE CERT. / REG. # \_\_\_\_\_

**FEES**

TYPE	VALUE	FEE
PERMIT	_____	_____
EDUCATION	_____	_____
COUNTY	_____	_____
BCPSF	_____	_____
ADDTL FEES	_____	_____
<b>SUB TOTAL</b>	_____	_____
<b>NOTARY FEE</b>	_____	_____
<b>TOTAL</b>	_____	_____

RECEIPT #: \_\_\_\_\_

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

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

(Signature of Owner, Tenant, Contractor, or Authorized Representative)

**NOTE: APPLICATION MUST BE FAXED TO 954-680-1439 WITHIN 14 DAYS AFTER DATE OF SYSTEM INSTALLATION.**

**PROJECT INFORMATION**

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ PROP. TITLE: \_\_\_\_\_ FOLIO/TAX ID # \_\_\_\_\_

PHONE # H \_\_\_\_\_ CELL OR OTHER \_\_\_\_\_

NOTE: You may be contacted by the Cooper City Building Department for an inspection of this installation.

DATE PROJECT COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_ COMPLETED BY: \_\_\_\_\_