

**Village of Vernon Hills**  
**Community Development Department**  
**290 Evergreen Drive, Vernon Hills, IL 60061**  
**Phone 847-367-3704 - Fax 847-367-2541 - <http://www.vernonhills.org>**

**SECURITY ALARM**

This hand out is for **REFERENCE ONLY**. For more details see specific code sections.

**TO APPLY FOR A PERMIT:**

**As long as the information below is provided at the time of submittal, a permit will be issued immediately over the counter.**

1. Complete a permit application.
2. If applicable, provide a copy of the written and signed contract between the homeowner and contractor.
3. The permit fee may be paid in the form of a check made payable to the Village of Vernon Hills, or in cash. Fees will be determined based upon the job cost.

**INSTALLATION REQUIREMENTS:**

1. Open wiring is acceptable.
2. All equipment must be listed by a Nationally Recognized Testing Lab.
3. All wires penetrated through walls or ceilings shall be installed in conduit.
4. All wiring subject to physical damage shall be installed in conduit.

**REQUIRED INSPECTIONS:**

**The permit holder is responsible for scheduling an inspection. To request an inspection, contact the Building Division at 847-367-3704 between the hours of 8:30AM and 3:30PM, Monday through Friday, at least one working day in advance with the permit number ready.**

1. For new residential construction, a rough electrical inspection is required. If not new construction, then only a final inspection is required.
2. A final inspection upon completion of the work.

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## PERMIT APPLICATION LOW VOLTAGE SECURITY SYSTEM

PLEASE PRINT

Project or Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check one of the following:

Residential Property:

Standard Low Voltage or  Other: \_\_\_\_\_

Commercial Property:

Standard Low Voltage or  Other: \_\_\_\_\_

Market value cost of construction(include labor & materials): \_\_\_\_\_

Work being performed by:

Homeowner  Contractor

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Also supply the following:

A copy of the contract/work order signed by the homeowner

A copy of the alarm contractor's registration/alarm-low voltage license