Security Form

Permit Number:_____
Project Address: _____
Name of person filling out form and contract:

24 Hour Contact Info
Contractor Contact: _____
Homeowner Contact:

Security Plan:

- ☐ Motion detection lighting
- ☐ Surveillance camera
- ☐ Security on site
- ☐ Alarm System
- ☐ Secured Gate

Describe how tool, equipment and materials on site will be secured.