

**COLLIN COUNTY FIRE MARSHAL'S OFFICE**  
**4690 Community Avenue, Suite 200**  
**McKinney, Texas 75071**  
**(972) 548-5576 fax (972) 548-5574**

**Permit Application**

**Installation/Alterations of Fire Alarm/Detection Related Systems**  
(IFC 105.7.5)

JOB ADDRESS: \_\_\_\_\_

NAME OF BUSINESS OR PROJECT \_\_\_\_\_

CONTRACTOR OR COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

CELL PHONE # (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE \_\_\_\_\_

COMPANY STATE LICENSE # \_\_\_\_\_

**FIRE ALARM SYSTEMS**

NUMBER OF DEVICES: \_\_\_\_\_

VALUE OF WORK – INCLUDES CONSTRUCTION AND MATERIAL COSTS \$ \_\_\_\_\_

PERMIT FEE FROM COLLIN COUNTY FEE SCHEDULE \$ \_\_\_\_\_

**CONTRACTOR SHALL SUBMIT THREE SETS OF PLANS AND SPECIFICATIONS FOR REVIEW. PLANS TO BE FOLDED.**

I HEREBY CERTIFY THAT THE PLANS SUBMITTED ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT SAID WORK WILL BE DONE IN COMPLIANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH THE COLLIN COUNTY FIRE CODE, STATE RULES AND REGULATIONS AND POLICY STANDARDS AS SET FORTH BY THE FIRE MARSHAL.

**SIGNED:**

\_\_\_\_\_  
CONTRACTOR TEXAS DL# STATE PRINT NAME CLEARLY

**FOR OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_

Permit No: \_\_\_\_\_

Received By: \_\_\_\_\_