

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

**Permit Application**

**Installation and Alterations of Fire Suppression System**  
(IFC 105.7.1)

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 SUPPRESSION SYSTEMS**  
**(SPRINKLER ABOVEGROUND)**

NUMBER OF SPRINKLER HEADS: \_\_\_\_\_

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

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

DOES THIS PROJECT HAVE AN EXCAVATION DEPTH IN EXCESS OF FIVE (5) FEET? IF YES, PROVIDE DETAILED PLANS AND SPECIFICATIONS THAT MEET OSHA STANDARDS MUST BE SUBMITTED AND SIGNED BY A REGISTERED CIVIL ENGINEER OR ARCHITECT.

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 COLLIN COUNTY FIRE CODES, 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: \_\_\_\_\_