COLLIN COUNTY

Fire Marshal's Office
4690 Community Dr.
Suite 200
McKinney, Texas 75071
972-548-5576
972-548-5574 fax
www.collincountytx.gov

Permit Application
Installation and 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 MATERIALS 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 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: _____