



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 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:** _____