

Fire Protection Plan Review Permit Application

McKinney Fire Department
Fire Marshal's Office



Date of Application _____

Building Permit Number _____
 Submittal will not be accepted without Building permit Number

2200 Taylor-Burk
McKinney, TX 75071
972-547-2879 Tel
972-547-2870 Fax

Application must be completed in full. Failure to provide any of the information may result in a delay of the plan review and the rejection of the application. This application is for permit issuance only. A permit will be issued upon the review and approval of plans for which this application is intended.

Project Information - Submittal will not be accepted without the correct, validated address

Square Footage: _____

Project Name: _____
 Project Address: _____
 Street Address _____ Suite No. _____

Company Information

Company Name: _____
 Company Address: _____
 Street Address _____ Suite No. _____

City _____ State _____ Zip _____

Contact Person: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

Contact person will be notified when plan review is complete

Requested Plan Review - Please use a separate application for each submittal type

First Submittal: Second Submittal: Third Submittal: Fourth Submittal:

New Construction: Alteration/Finish-Out/Remodel:

Fire Sprinkler System: <input type="checkbox"/>	Underground Fire Main: <input type="checkbox"/>	Less Than 20 Heads: <input type="checkbox"/>	Greater Than 20 Heads: <input type="checkbox"/>	Standpipe: <input type="checkbox"/>	Fire Pump: <input type="checkbox"/>	Foam/Water Mist: <input type="checkbox"/>	Other: <input type="checkbox"/>	Fire Alarm System: <input type="checkbox"/>	New System: <input type="checkbox"/>	Modification: <input type="checkbox"/>
								Fixed Extinguishing System: <input type="checkbox"/>	Kitchen Hood: <input type="checkbox"/>	Spray Booth: <input type="checkbox"/>
								Clean Agent: <input type="checkbox"/>		

Access Control Gates: <input type="checkbox"/>	Tent/Membrane Structure <input type="checkbox"/>
Access Control System: <input type="checkbox"/>	Smoke Control/Pressurization: <input type="checkbox"/>
Hazardous Materials: <input type="checkbox"/>	Aboveground/Underground <input type="checkbox"/>
High-Piled Storage: <input type="checkbox"/>	Liquid Storage Tank _____
Pyrotechnic Display: <input type="checkbox"/>	Size and Number of Tank(s) _____

A valid permit and an approved set of plans must be maintained at the job site at all times. Failure to obtain a permit prior to beginning work on a system and/or failure to provide the plans and permit for the field inspector may result in a citation and/or failed inspection.

Please allow a minimum of one (1) week for the McKinney Fire Marshal's Office Plan Review Process.

Contact person will be notified upon the completion of the plan review. Include e-mail address above to be notified via e-mail.

I have read and understand the responsibilities stated therein:

Signature of Applicant

Revised 11/08

Fire Department Records Use Only			
Date of Submittal: _____	Working Days: _____	Rejected: _____	
Date of Completion: _____	Reviewed By: _____	Approved: _____	