EFFECTIVE: JANUARY 7, 2020

CITY OF MCKINNEY

RESIDENTIAL PROJECTS
FIELD INSPECTIONS
REQUIRED PAPERWORK

BUILDING INSPECTIONS

SUBMIT ALL APPLICATIONS ONLINE AT WWW.MCKINNEYTEXAS.ORG/CSS

221 N. TENNESSEE STREET, MCKINNEY, TEXAS 75069
## City of McKinney Residential “Required Paperwork”

February 2020

### Inspection Type

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<td>Form Board Survey/ With finished floor height</td>
</tr>
<tr>
<td>Spray Foam/Ignition Barrier</td>
<td>Spray Foam Letter (Page 3)</td>
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<tr>
<td>Frame/ Shear Wall Inspection</td>
<td>Frame Letter (Page 4)</td>
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<td>Retaining Wall Inspection</td>
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### Final Inspections – Required Paperwork

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</table>
Dear Chief Building Official;

The residence addressed above meets or exceeds the requirements for ignition barriers for foam plastic insulation set forth in the 2018 International Residential Code.

The foam plastic insulation has been tested in accordance with (Check One) and the above ignition barrier is not required

___ NFPA 286 with acceptance criteria of Section R302.9.4
___ UL 1040   ___ FM4880   ___ UL 1715

**OR**

___ The space is designed for storage per the Framing plans and the ignition Barrier will be required or meet one of the above standards.

___ The space is not designed for storage per the Framing Plans and the ignition Barrier will not be required.

Name of Installer (Company):__________________________________________

Installer Signage ____________________________________________________

Date: _______________________________
Residential Frame Inspection Form

Date:
Address:
Permit Number:

To the Chief Building Official:

The frame and shear wall inspections of the above referenced location have been completed after all mechanical, electrical and plumbing roughs were installed.

The frame and shear wall meet or exceed the requirements of the 2018 International Residential Code and/or City Approved Plans.

State of Texas Professional Engineer______________________________

(Print)

______________________________

(Signature) (Stamp)
Chief Building Official  
City of McKinney  
P.O. Box 517  
McKinney, TX 75070

RE: Retaining Wall Certification  
[Project Name]  
[Location]  
[Permit Number]

Dear Chief Building Official:

This letter is to verify the work associated with the construction of the above referenced retaining wall project was completed per the design prepared under my supervision. A representative of this firm made onsite visits on the following dates to review the construction of the above referenced retaining wall project:

[date] [describe observations]

Provide an entry for all critical elements e.g. verification of in-situ/fill soils conditions versus design assumptions, pier depth and reinforcement for piers, placement of retaining wall footings, verification of wall heights and/or slopes, wall reinforcement, weep hole and drainage conduit placement, rock and filter fabric, compaction of backfill, final grading at surface, control joints.

Please contact me at [phone number] or [email address] if you have any questions or need additional information.

Sincerely,

[Engineer of Record], P.E.  
{P.E. SEAL}  
[Firm Name]
Texas Registered Engineering Firm #F-[0000]
N1101.13 (R401.2) – Projects shall comply with one of the following:

☐ Option #1a – Prescriptive: Sections N1101.14 (R401) through N1104 (R404):
  N1102 (R402) Building Thermal Envelope. (Using table N1102.1.2 (R402.1.2) INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT)
  N1103 (R403) Systems.
  N1104 (R404) Electrical Power and Lighting Systems (Mandatory).
  Plus all mandatory provisions

☐ Option #1b – Prescriptive-Using RECheck™ UA approach Only: Sections N1101.14 (R401) through N1104 (R404):
  N1102 (R402) Building Thermal Envelope.
  N1103 (R403) Systems.
  N1104 (R404) Electrical Power and Lighting Systems (Mandatory).
  Plus all mandatory provisions

☐ Option #2 – Section N1105 (R405) Performance Approach
  Plus all mandatory provisions

☐ Option #3 – ENERGY STAR Certified Homes®

☐ Option #4 – Section N1106 (R406) Energy Rating Index Compliance Alternative
  Minimum envelope requirements ≥ Table 402.1.1 or 402.1.3 – 2018 IECC
  Plus all mandatory provisions

☐ Option #5 – ESL 4ACH50 Tradeoff Code Equivalency Compliance*

<table>
<thead>
<tr>
<th>Envelope Component</th>
<th>Option #1</th>
<th>Option #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Leakage</td>
<td>≤ 4ACH50</td>
<td>≤ 4ACH50</td>
</tr>
<tr>
<td>Wall Insulation Value</td>
<td>R13 + R3a</td>
<td>R13 + R3a</td>
</tr>
<tr>
<td>Fenestration U-factor/SHGC</td>
<td>≤ 0.35/0.25</td>
<td>≤ 0.35/0.25</td>
</tr>
<tr>
<td>Ceiling R-value</td>
<td>≥ R49</td>
<td>≥ R49</td>
</tr>
<tr>
<td>Duct Insulation</td>
<td>R8</td>
<td>R6</td>
</tr>
<tr>
<td>Radiant Barrier Required</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Except for the values listed in the table, all other mandatory code provisions are applicable.

First value is cavity insulation, second is continuous insulation or insulated siding.

NOTE: Attach appropriate compliance option “compliance report”

I certify that I have reviewed the construction documents including, but not necessarily limited to, insulation materials and R-values; fenestration U-factors and SHGC values; area-weighted average U-factor and SHGC calculations; mechanical system design criteria; mechanical and service water heating system and equipment types, sizes and efficiencies; equipment and system controls; duct sealing, duct and piping insulation and location; and air sealing details; and that the project as designed satisfies the minimum requirements for the compliance approach selected above.

Agency and Certification Number: __________________________

Agency Contact Information: __________________________

Signature of Responsible Party: __________________________

Printed Name and Title of Responsible Party: __________________________
City of McKinney Texas
Residential Energy Compliance Certificate
Energy Code Requirements of the 2018 IRC (IECC)

Project Address: ___________________________ Permit Number: ___________________________

**DUCT LEAKAGE TESTING VERIFICATION**

☐ Rough-In Test Option (R403.3.3) ☐ Post Construction Option (R403.3.3)

System #1 - _______ CFM25 System #2 - _______ CFM25 System #3 - _______ CFM25

System #4 - _______ CFM25 System #5 - _______ CFM25 System #6 - _______ CFM25

I certify that I have conducted a duct leakage test and it has passed the requirements of the 2018 International Energy Conservation Code, as amended locally. I further certify that I am certified to perform duct leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity; and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Agency and Certification Number: ___________________________

Signature of Responsible Party: ___________________________

Printed Name and Title of Responsible Party: ___________________________

**BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION**

Building Thermal Envelope Leakage Testing (R402.4.1.2): _______ ACH50

I certify that I have conducted an air leakage test and it has passed the requirements of the 2018 International Energy Conservation Code, as amended locally. I further certify that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity; nor am I employed or have any financial interest in the company that constructs the structure.

Agency and Certification Number: ___________________________

Signature of Responsible Party: ___________________________

Printed Name and Title of Responsible Party: ___________________________

**COMPLIANCE STATEMENT**

We have concluded all inspections, testing and plan reviews of the above project and hereby declare it in compliance with the residential provisions of the 2018 IECC, as amended locally, for the selected compliance approach.

☐ Option 1(a) Prescriptive: Sections N1101.14 (R401) through N1104 (R404)
☐ Option 1(b) Prescriptive: RESCheck™ UA Approach Only: Sections N1101.14 (R401)-N1104 (R404) (attach report)
☐ Option 2 Performance: Section N1105 (R405) Performance Approach (attach report)
☐ Option 3 ENERGY STAR Certified Homes® (attach certificate)
☐ Option 4 Energy Rating Index Compliance Alternative (ERI): Section N1106 (R406) ERI: ___________
☐ Option #5 ESL 4ACH® Tradeoff Code Equivalency Compliance

Agency and Certification Number: ___________________________

Agency Contact Information: ___________________________

Signature of Responsible Party: ___________________________

Printed Name and Title of Responsible Party: ___________________________

**PROVIDE THIS FORM AT BUILDING COMPLETION**
This property has been inspected and installed according to the City of McKinney Ordinance Chapter 110-Utilities.*

ARTICLE X. - LANDSCAPE IRRIGATION
Sec. 110-475. - Definitions.
Sec. 110-476. - Valid license required.
Sec. 110-477. - Permit required.
Sec. 110-478. - Backflow prevention methods and devices.
Sec. 110-479. - Specific conditions and cross-connection control.
Sec. 110-480. - Water conservation.
Sec. 110-481. - Irrigation plan design: minimum standards.
Sec. 110-482. - Design and installation: minimum requirements.
Sec. 110-483. - Completion of irrigation system installation.
Sec. 110-484. - Maintenance, alteration, repair, or service of irrigation systems.
Sec. 110-485. - Reclaimed water.
Sec. 110-486. - Duties and responsibilities of city irrigation inspectors.
Sec. 110-487. - Items not covered by this article.
Sec. 110-488. - Fees.
Sec. 110-489. - Enforcement.

Property Address

Inspected by:

Date:

This form must be signed by a City Of McKinney Irrigation inspector before C/O will be issued.
PROTECTION AGAINST TERMITES FORM

 Permit Number: ____________________________________________

 Address: __________________________________________________

 Builder: ____________________________________________________

 The residence addressed above meets or exceeds the requirements for protection against termites set forth in the International Residential Code.

 Name of Protection Provider (Company): __________________________

 Address: __________________________________________________

 Phone: ______________________________________________________

 Name of TSCPB Certified Applicator: _____________________________

 TSCPB Certified Applicator’s Signature: __________________________

 State License No.: ____________________________________________

 STATE OF TEXAS
 COUNTY OF COLLIN

 I, ______________________, being duly sworn doth depose and say that the information contained in the above application is true and correct to the best of my knowledge and belief.

 And further this deponent says not.

 ________________________________ Date ________________________

 Signature Subscribed and sworn to before me this _________day of ________________ 20____, A.D.

 ________________________________ Notary Public in and for the State of Texas
CITY OF MCKINNEY

WASTEWATER DEPARTMENT

7:00AM - 3:30PM

972-547-7371

DATE: ____________________ TIME: ____________

A video inspection of the sewer service line has been performed and the following was the result:

☐ Passed Inspection ________________

☐ Failed Inspection ________________

Reason for failure: __________________________
__________________________
__________________________
__________________________

A re-inspection can be scheduled after necessary repairs are made by calling the number above between 7:00am and 3:30pm.
WATER METER SERVICES
(972) 547-7543
Meter Inspection

_________________________  ___________________________
Date                        Time

_________________________
Address

_________________________  ___________________________
Meter #                     Technician

The meter and meter box have been inspected and have met the required standards.