

Fire Marshal's Office  
201 N. 21<sup>st</sup>. Street  
McAllen, TEXAS 78505-0220  
Phone: (956) 681-2500  
Fax : (956) 681-2560  
Email: fireprevention@mcallen.net



--One form per Address or lot  
--Submit form to Fire Marshal  
Office clerk  
--Questions regarding multiple  
inspections per project, contact the  
FMO clerk.

## Inspection Request Form

Please complete form. Incomplete forms will not be processed. Indicate N/A for Not Applicable.  
Field Testing: Fire Dept. is not responsible for testing equipment or tools  
Failure to appear to a scheduled inspection will constitute a fail.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project name: \_\_\_\_\_ CUP/PERMIT # \_\_\_\_\_

Project Address: \_\_\_\_\_ Ste #: \_\_\_\_\_

### Inspections/Fee:

- |  |  |
|--|--|
| <input type="checkbox"/> Above Ground Fuel Tank Installation       | <input type="checkbox"/> Liquor License                                |
| <input type="checkbox"/> Carnival / Circus                         | <input type="checkbox"/> Nursing Home or Healthcare                    |
| <input type="checkbox"/> College /Trade School / University        | <input type="checkbox"/> Massage Therapy / Physical Therapy            |
| <input type="checkbox"/> Conditional use Permit (CUP)              | <input type="checkbox"/> Open Burning                                  |
| <input type="checkbox"/> Daycare-Adult/child                       | <input type="checkbox"/> Spigot Insp (in & out)                        |
| <input type="checkbox"/> Exhibits / Trade Show                     | <input type="checkbox"/> State Required Inspection                     |
| <input type="checkbox"/> Fire Alarm Acceptance                     | <input type="checkbox"/> Tent Inspection                               |
| <input type="checkbox"/> Fire Line Flush only                      | <input type="checkbox"/> Underground Fuel Line Inspection              |
| <input type="checkbox"/> Fire Suppression:                         | <input type="checkbox"/> Underground Fuel Tank:                        |
| <input type="checkbox"/> Hood <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Installation <input type="checkbox"/> Removal |

- Food Truck / Trailer
- Foster / Group Home
- Hospital
- Hydrant Water Flow Test
- Hydrostatic Test: \*\*\*

\*\*\*  Aboveground    Underground

### OTHER:

- False Alarm:    Commercial    Residential
- Fire Company Stand-by
- Special Event Insp. Standby Hrs: \_\_\_\_\_
- After Hours Inspection - Hrs. \_\_\_\_\_
- Other: \_\_\_\_\_

\*\*\*Prior to the inspection beginning, the signed  
Contractor's Material and Test Certificate must be  
submitted to The Fire Inspector on site. \*\*\* Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_