

Fire Marshal's Office
201 N. 21st. 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: _____

Inspection Information:

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

OTHER:

- | | |
|---|--|
| <input type="checkbox"/> Food Truck / Trailer | <input type="checkbox"/> False Alarm: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential |
| <input type="checkbox"/> Foster / Group Home | <input type="checkbox"/> Fire Company Stand-by |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Special Event Insp. Standby (2 insp/2 hr. min) |
| <input type="checkbox"/> Hydrant Water Flow Test | Hrs: _____ |
| <input type="checkbox"/> Hydrostatic Test: | <input type="checkbox"/> After Hours Inspection - Hrs. _____ |
| <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground | <input type="checkbox"/> Other: _____ |

Signature: _____ Date: _____