



Inspection Request Form

Form must be complete. 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: Date _____ | <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 Flame: Date: _____ |
| <input type="checkbox"/> Daycare-Adult/child | <input type="checkbox"/> Spigot Insp (in & out) |
| <input type="checkbox"/> Exhibits / Trade Show: Date _____ | <input type="checkbox"/> State Required Inspection |
| <input type="checkbox"/> Fire Alarm Acceptance | <input type="checkbox"/> Tent Inspection: Date: _____ |
| <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 |
| <input type="checkbox"/> Food Truck / Trailer | <u>OTHER:</u> |
| <input type="checkbox"/> Foster / Group Home | <input type="checkbox"/> False Alarm: Commercial Residential |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Fire Company Stand-by |
| <input type="checkbox"/> Hydrant Water Flow Test | <input type="checkbox"/> Special Event Insp. Standby Hrs. _____ |
| <input type="checkbox"/> Hydrostatic Test: *** | <input type="checkbox"/> After Hours Inspection – Hrs. _____ |
| <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground | Other: _____ |

*** Prior to the inspection beginning, the signed Contractor's Material and Test Certificate must be

Submitted to the Fire Inspector on site. *** Initials: _____

Submit this request at the McAllen Development Center at 311 N. 15th St. for processing.

Signature: _____ Date: _____