

Little Elm Fire Department Fire Marshal's Office



Pre-Test & Inspection Request Form

A pre-test of any system regulated by the Fire Department and that requires acceptance testing or inspection shall be performed with out failure. Once the pre-test has been performed by the contractor, this certification form shall be submitted to the Little Elm Fire Marshal, in person, via fax (214)-975-0776 or emailed to fmo@littleelm.org as the request to schedule the inspections for the regulated system. Note: The Fire Department does not perform partial inspections. **Inspections shall be scheduled at least 48 hours in advance.**

Form must be filled out completely.

Inspection shall be scheduled only after receipt of this document and must be scheduled 48 hours in advanced. All permit fees shall be paid in full prior to scheduling any inspections.

PERMIT NUMBER (MyGov ID#) _____

Project Name: _____

Inspection Address: _____

Type of Test:	<input type="checkbox"/> Sprinkler Visual	<input type="checkbox"/> SprinklerHydro	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Underground Fire Main	<input type="checkbox"/> FDC
	<input type="checkbox"/> Access Control	<input type="checkbox"/> Flammable Liquid StorageTank	<input type="checkbox"/> Hood SuppressionSystem	<input type="checkbox"/> Gate Access	
	<input type="checkbox"/> Other:	_____			

Pre-Test Date: _____

Contractor Company Name: _____

Contractor Contact Person to Schedule Inspection: _____

Contractor Contact Number: _____

NOTE: REGULATED SYSTEMS INSPECTIONS CAN ONLY BE SCHEDULED BY THE PERMITTING COMPANY.

By signing this, I attest that a pre-test has been performed at the above location for the above named system type and found no failures to the functioning of the system. I also attest that the system will be ready to test at the time scheduled. I am aware that any failures to the system or not being ready to test or inspect at the time scheduled with the Fire Department will result in a test/inspection failure and a new pre-test shall be performed and a new inspection scheduled after appropriate re-inspection fees are paid.

Contractor Signature: _____

Date: _____