



*Wylie Prevention/Community Risk Reduction
Division*

Mailing Address: 300 Country Club
Physical Address: 2000 N. Hwy 78, Suite 203
Wylie, TX 75098
(972) 442-8110

FIRE SPRINKLER OVERHEAD INSTALLATION

Document Submittals

- The Wylie Fire Department requires three copies of system drawings and should include seal, signature and date of license
- Copy of RME license
- Notarized letter certifying plans meet the International Fire Code 2012 and current NFPA 13 standards
- A copy of licensed certificate
- A copy of the responsible party's driver license is required for all Contractor Registrations
- Contractor Registration (annually)
- Plans must be reviewed and stamped by Reed Fire Protection Engineering, 14135 Midway Rd, Suite G260 Addison, Texas 75001; 214-638-7599. Fees associated with the third party plan review are the responsibility of the company submitting the plans. Contact Reed Fire Protection for submittal requirements. (Plans with less than 20 heads do not require Reed review.)

Renovations that include 0-19 heads being added or relocated require only Fire Prevention review only; however, systems should be installed according to NFPA & IFC 2012. All renovations are subject to standard testing.

Renovations that include 20-99 heads being added or relocated, must submit plans to Reed Engineering for review and do not require any hydraulic calculations. Renovations are subject to standard testing.

One hundred heads and above require full submittals to Reed Engineering.

Plan Approval

- A representative of the Wylie Prevention/Community Risk Reduction Division must inspect and implement a plan review. If the plan review is completed successfully, applicant will receive a set of signed plans and letter stating the Wylie Fire Department has approved and verified components in the plans to the best of their knowledge. Please allow a **ten-day turnaround** for this process. A permit will be issued after plans have been reviewed and approved.

Final Acceptance Test

- A representative of the Wylie Fire Department Prevention/Community Risk Reduction Division must perform visual inspection and witness hydrostatic testing performed by the installer. **Please call (972) 442-8110 24-hours to 48-hours in advance to schedule an appointment for visual and hydrostatic testing.**

Fee: Calculated per square foot of building area

- 0-100,000 sq. ft. 0.015 per sq. ft.
- 100,001- 300,000 sq ft .014 per sq ft (\$1,500 for the first 100,000 sq. ft. plus \$0.014 for each additional sq. ft. of area or fraction thereof.)
- 300,001 + sq. ft. \$0.009 per sq. ft. (\$4,200 for the first 300,000 sq. ft. plus \$0.009 for each additional sq. ft. of area or fraction thereof.)

\$100.00 Contractor Fee (annual) Checks or Exact Change Required

PERMIT HOLDER IS RESPONSIBLE FOR REQUESTING AND COMPLETING ALL REQUIRED INSPECTIONS; FEES INCLUDE FIVE (2) INSPECTIONS AND ONE (1) REINSPECTION. PERMIT HOLDERS WILL BE CHARGED \$75 FOR EACH ADDITIONAL INSPECTION REQUIRED.



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PERMIT APPLICATION FIRE SPRINKLER INSTALLATION

- Reed Review**
- Three copies of system drawings with appropriate seals, signatures and license information.**
- Copy of RME license**
- Notarized letter**
- Copy of responsible party's driver license**

Installer/Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Job Name and Address: _____

Contractor Name (if different than above): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Date of Contractor Registration: _____

Contractor Renewal Date: _____

Receipt No.: _____

Permit Fee: Calculated per square foot of building area

- 0 -100,000 sq. ft. 0.015 per sq. ft.
- 100,001 - 300,000 sq ft .014 per sq ft (\$1,500 for the first 100,000 sq. ft. plus \$0.014 for each additional sq. ft. of area or fraction thereof.)
- 300,001 + sq. ft. \$0.009 per sq. ft. (\$4,200 for the first 300,000 sq. ft. plus \$0.009 for each additional sq. ft. of area or fraction thereof.)

Date: _____

Check #: _____ **Cash:** _____ **Receipt No.:** _____

Reinspection Fee: \$75.00 _____ **Date:** _____ **Receipt No.:** _____