Town of Fairview
372 Town Place
Fairview, Texas 75069
972.562.0522
permits@fairviewtexas.org

Access Control Permit Input Form

Property Address: _____ Bldg Permit #: _____

Class of Work: (*check one*) ☐ **New Bldg** ☐ **Addition** ☐ **Repair/Replace** ☐ **Alteration/Tenant Finish**

Contractor License #: _____ Company Name: _____

Contractor phone: _____

Site Contact to Gain Entry for Inspection: (*please print*) _____ Phone #: _____
Email: _____

☐ ☐

Use of Building: *(check one)* ☐ **Single-family Res.** ☐ **Duplex** ☐ **Garage** ☐ **Multi-family Res.** ☐ **Commercial**

Scope of Work: _____

_____

Type of Activity:

Sprinkler **Yes** ☐
Number of Stories _____
Elevator Lobby Refuge Area _____
Fire Alarm Panel Connection **Yes** ☐
Yes ☐

Designer/Contractor License #:
Designer: _____
Electrical PE: _____
Fire Alarm Designer: _____
Access Control Designer: _____
Elevator Designer: _____
Other: _____

Access Control Panel

Separate Power Supply **Yes** ☐
Plug-in Transformer (Class II) **Yes** ☐
Manufacturer _____
Model _____
Power Supply Mfr: _____
Power Supply Model: _____
# of Power Supplies: _____

Hardware

Emergency Lights **Yes** ☐
(number of each)
Failsafe Strikes: _____
Card Readers / Keypads: _____
Fail Safe: _____
Electric Locks: _____
Magnetic Locks: _____
Fail Secure Strikes: _____
Elevator Readers: _____
Manual Pull Boxes: _____
Emergency Phones: _____
Fail Secure Electric Locks: _____
Other Approved Locks: _____

Delayed Egress (DE) System

# of Doors w/ Delayed Egress: _____
Mfr. DE System: _____
Model DE System: _____

Valuation of Work: (Total Valuation of Access Control Project) **$**_____

Contractor Remarks: _____