

ACCESS CONTROL PLAN SUBMITTAL

Once complete please return to:

Fire Department

Captain, Michel Mitchell

4798 Airport Parkway, Addison, TX 75001

Office (972) 450-7221

Fax (972) 450-7208

Carefully review requirements and checklist on the attached form before submitting plans.





Addison Fire Department
Fire Prevention Division
 4798 Airport Parkway
 Addison, Texas 75001
 Phone 972-450-7221 Fax 972-450-7208

ACCESS CONTROL PLAN
FEES = \$0

PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FOR APPROVAL.
WE WILL CALL YOU WHEN READY.

Access Control Plan Review Requirements and Checklist

CONTRACTOR INFORMATION

PROJECT INFORMATION

Name:

Name:

Address:

Address:

Suite

City, State & Zip:

City, State & Zip:

Must provide DIRECT PHONE:

Ext:

Cell:

TX PSCL #:

First Submittal
(Check One)

Re-Submittal
(Plans Rejected)

Additional Submittal
(Devices Added, Removed or Relocated)

Reference Notes:

Use this checklist when adding new, and/or reactivating and/or relocating existing access control devices. Installation, reactivation or relocation of any device will require a plan review submittal including a floor plan showing the location(s) of the device(s), and specification sheets for the equipment involved.

Scope of work explanation must be included with plans.

Refer to the 2009 Edition of the International Fire and Building Codes for specific requirements. Entrance doors to buildings and to tenant spaces which are secured by magnetic locks must release upon:

1. Activation of a motion sensor on the egress side.
2. Loss of power to the magnetic lock.
3. Activation of a manual unlocking device (usually a red “mushroom” button) located within 5-feet of the door.
4. Activation of the building fire alarm system.

NOTE: Stairwell doors in multi-story buildings must unlock from the stair side as well as the egress side.

ALL PLANS SHALL BE FOLDED TO FIT AN 8 ½” X 11” FOLDER.
ROLLS MAY BE ACCEPTED ON LARGE PROJECTS ONLY.

The planner shall mark with an “X” beside each line below to indicate the information is included with the submittal or indicate with “N/A” if not applicable.

INCOMPLETE PERMIT APPLICATIONS WILL BE RETURNED WITHOUT A REVIEW.

Provide the following on all plan sheets (3 Sets required):

- _____ 1. Company Name, Address, City, State & Zip, Phone Number and State Registration Number
- _____ 2. Planner's Name, License Number and Original Signature
- _____ 3. Project Name, Address, City, State & Zip
- _____ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' Acceptable for Large Buildings)
- _____ 5. Identification of areas that are "Not in Contract"
- _____ 6. Room Identification as to use
- _____ 7. Circuit Identification of initiating and releasing devices
- _____ 8. "Cloud", or Indicate, Revisions on Re-submittal or Additional Submittal

Provide the Following for the Equipment Submittal (3 Sets Required):

- _____ 9. Scope of Work
- _____ 10. Manufacturer spec sheets for all devices. Indicate which model will be installed.
- _____ 11. Indicate U.L. compatibility between system components and the fire alarm system.

I hereby certify that this submittal contains the above information as required by the City of Addison fire codes and standards.

Signature: _____
(Must be signed by the same Person who Signed Plans)

Date: _____

Print Name: _____

Telephone #: _____

Any omission by the Fire Inspector should not be misinterpreted as permission to install a system incorrectly.

Final Acceptance Test Procedure:

- All signage (e.g. "push to exit") in place.
- Disable or cover motion sensor.
- Activate all access control devices and place in normal "locked" mode.
- Activate push-to-exit button – door must remain unlocked for minimum 30-seconds.
- Cut power to system – magnetic lock must release (electric strikes must release on stairwell doors).
- Restore power – reactivate magnetic lock.
- Activate building fire alarm – magnetic lock must release.
- Reset fire alarm – reactivate magnetic lock
- Re-activate or uncover motion sensor – magnetic lock must release.

If you have any questions, or require additional information I can be reached at:

Office: 972-450-7221

Fax: 972-450-7208

Email: mmitchell@addisontx.gov

**Captain Michel Mitchell
Addison Fire Department**