



OPTICOM / ACCESS CONTROL GATE PERMIT

Document Submittals

- The Wylie Fire Department requires two copies of the plans/drawings.
- A copy of the responsible party's driver license is required for all Contractor Registrations
- Contractor Registration (annually)

General

- City of Wylie Fire Department Authorized approval shall be obtained prior to installation.
- Security gates, which obstruct fire lane easements, dedicated utilities in single-family, multi-family dwellings, or industrial dwellings shall install and maintain in accordance with provisions of this Section.
- Encompasses all access/controlled access systems, which opens electromechanically using an Opticom system activated by Wylie Fire and Police emergency vehicles.

Opticom Receiving System must meet the following criteria:

- Locate device per manufacturer's recommendations and approval at the time of plan review;
- Be equipped with one flasher unit and an external lamp assembly with red globe to be mounted separate from the Opticom device and clearly visible from the entry side of gate;
- Be located so that it will receive a clear signal from emergency apparatus at a stacking distance of at least 30 feet from the Opticom receiver;
- The device shall override all other opening systems;
- Opticom system shall be protected from weather and physical damage: and
- Gate shall operate at a minimum of one foot per second and turn on flashing red alert lamp when the system is activated by the Opticom signal. The gate is held open and the lamp continues flashing for fifteen minutes at which time the gate will reset automatic or manual reset activated.

Manual Back-up Required

Where an electromechanical secured access/controlled access stem is installed, a manual back-up system must be provided and shall be accessible on the entry side of the gate, using



the Wylie Fire Department Knox Box Security Key. A fail-safe manual backup system shall be installed to allow access through the gate in the event of a power failure or other failure of the electromechanical system.

Swing gates and Barrier arm systems shall be designed:

- To open manually by one person removing the Knox PL-IW padlock and/or pin that is secured in the gate arm; and
- So that the Knox padlock is clearly visible and easily accessible from the entry side of the gate.

On slide gates this system shall be designed:

- To open manually by one person utilizing a single manual release device; and
- So that the device is protected from weather and physical damage.
 - ❖ Red in color
 - ❖ At least 5 inches wide and 1-1/2 inches deep;
 - ❖ Clearly labeled "fire dept" in white block letters one inch tall with a one-quarter in stroke;
 - ❖ Located within 10 feet from the entry side of the gate;
 - ❖ Clearly visible and easily accessible; and
 - ❖ Designed to accept the Knox Security Key, when used with the manual release device.

Wylie Fire Marshal must approve system other than those described above.

Review Procedure

- The applicant will be required to submit a preliminary development package (PDP) for site plan review, by the Wylie Fire Department, on the appropriate deadline date. The plan should indicate the location of the gate proposed. The structure should show the dimensions to the property line, building and any other fixed structures on the site plan.
- The Wylie Fire Department will review the site plan. The second access system must comply with the zoning ordinance, fence ordinance and other applicable City codes with regard to height, location, materials, sight visibility and other requirements.
- A written description of the gate and fence shall be submitted to the Wylie Fire Department and will include the following;
 - ❖ Emergency vehicle and pedestrian gate operation, indicating the option chosen
 - ❖ Manual back-up operation, indication the option chosen;
 - ❖ Gate and/or fence construction materials: and
 - ❖ Adequate plans and information as necessary to indicate that standard compliance shall be provided.



Maintenance

The gate opening system shall be maintained in approved operating conditions as delineated below:

- The mechanical components shall be serviced on a regular basis and maintained in an approved operating condition.
- The electrical components shall be maintained in an approved operating condition; and
- A power supply shall be maintained to electronic components at all times.
- All components of the gate operating system to include radio receivers, Opticom receivers, Knox Ks-2P switches, Knox PL-IW, and other gate devices, shall be provided, installed and maintained by the property owner.

Security Gate/Fence Inspection

Prior to the installation of any secured access/controlled access system; a fence permit must be obtained from the building inspection department. The fence permit will be issued subject to the approval of the Fire Department.

Test Requirements

- Within 30 calendar days, of the installation of an approved security gate system, a performance test shall be conducted by the Fire Department.
- Upon failure of performance test, the security gate system shall be disabled and maintained in the open position until repaired and successfully tested by the Fire Department.

Liability

The installation of access control gates holds the property owner liable for the gates, function of the gates, or failure of function of the gates.

<u>Fee:</u>	\$50.00	Permit Fee
	\$100.00	Contractor Fee (per calendar year)

PERMIT HOLDER IS RESPONSIBLE FOR COMPLETING THE REQUIRED FORM AND RETURNING THE ORIGINAL TO WYLIE PREVENTION/COMMUNITY RISK REDUCTION DIVISION FOR FILING.



Community Risk Reduction Division



Wylie Prevention/Community Risk Reduction Division
300-100 Country Club Rd., Wylie, TX 75098
972-442-8110

PERMIT APPLICATION Opticom/Access Control Gate

- ☐ 2 Copies of plans/drawings
- ☐ Copy of responsible party's driver license
- ☐ Contractor Registration (annually)

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: _____

Contractor Fee: \$100.00 Date: _____

Check #: _____ Cash: _____ Receipt No: _____

Re-Inspection Fee: \$75.00 Date: _____ Receipt No: _____