



City of Fairfax, Virginia

FIRE DEPARTMENT / CODE ADMINISTRATION

10455 Armstrong Street • Room 208 • Fairfax, VA 22030-3630

P 703.385.7830 • www.fairfaxva.gov/code

APPLICATION FOR FIRE PREVENTION CODE PERMIT

<p>Fire Prevention Code(s) applying for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place of Assembly <input type="checkbox"/> Place of Education <input type="checkbox"/> Service Station <input type="checkbox"/> Repair Garage <input type="checkbox"/> Cutting & Welding <input type="checkbox"/> Application of Flammable Finishes <input type="checkbox"/> Flammable & Combustible Liquids 	<ul style="list-style-type: none"> <input type="checkbox"/> LP gases <input type="checkbox"/> Dry Cleaning Plant <input type="checkbox"/> Tents & Air Supported Structures <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fireworks <input type="checkbox"/> Fire Protection Systems <input type="checkbox"/> Fuel Storage Tanks <input type="checkbox"/> AST <input type="checkbox"/> UST _____gals. <input type="checkbox"/> Other _____
Amount Due: _____	
Business Billing /Headquarters Name: _____	
Billing Address:	
_____	_____
STREET	CITY
_____	STATE ZIP CODE
Tax-Exempt Organization? <input type="checkbox"/> Please submit supporting documentation.	
All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.	
I, _____, hereby accept full responsibility for the	
(SIGNATURE)	
adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Fairfax Fire Prevention Code pertaining to the above application.	
Inspection Location:	

NAME OF BUSINESS	
_____	_____
STREET	CITY
_____	STATE ZIP CODE
Name of person making application:	

PLEASE PRINT	
Telephone: Day _____ Night _____ Emergency Telephone: _____	
Building Owner: _____	
Address _____ Telephone _____	
OFFICE USE ONLY:	
Date Received: _____ Permit Expires _____	
Permit No: _____	