



# City of Fairfax Fire Department

## CODE ADMINISTRATION-FIRE MARSHAL OFFICE

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

Phone 703.385.7830 • E-mail [codeadministration@fairfaxva.gov](mailto:codeadministration@fairfaxva.gov)

[www.fairfaxva.gov/government/code-administration](http://www.fairfaxva.gov/government/code-administration)

## **RENTAL CERTIFICATE OF COMPLIANCE APPLICATION**

**INSTRUCTIONS:** This application must be completed in its entirety (type or print legibly), sign, date, and return to the Office of Code Administration by either e-mail ([codeadministration@fairfaxva.gov](mailto:codeadministration@fairfaxva.gov)) or by US mail. A separate application is required for each rental unit.

If paying by check, mail this form and payment of \$78.00 payable to the City of Fairfax.

Address: City of Fairfax Office of Code Administration #208

10455 Armstrong St.

Fairfax, VA 22030.

For on-line payments or assistance with your application, please contact our office at (703)-385-7830.

Rental Property Address \_\_\_\_\_

Name of the owner \_\_\_\_\_

Owner Address \_\_\_\_\_

City or Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email \_\_\_\_\_

Name of rental/Maintenance Agent (if any) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Acknowledgment**

I (owner/agent) certify that I have read and understand the above and that the rental property complies with all applicable state and local regulations, including the Building Code, Fire Prevention Code, Health, Safety and Sanitation Ordinance, Housing Standards and Regulations. I further certify that I have received the Rental Property Manual. I understand that the Code Official shall inspect the dwelling unit, grounds, and accessory structures. I understand that the rental certificate must be renewed every four (4) years and it may be revoked if the property does not comply with the applicable codes.

Name of Owner/Agent (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

#### **Office Use Only:**

- Is this property the primary residence.
- Owner resides at this address. Owner rents only a portion of the home.
- Is this property occupied by a family member, and owner does not receive monetary compensation.
- Is there a VA licensed Property Maintenance Service

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_