



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

-Office Use Only-

PERMIT # _____

Date Issued: _____

Dep. Inv # _____ Dep. Paid \$ _____

Bal. Inv # _____ Bal. Paid \$ _____

PERMIT TO BE ISSUED TO: CONTRACTOR OWNER TENANT

JOB LOCATION INFORMATION

Address:	Suite/Flr #:
Lot #	RE: Building Permit #

BUILDING OWNER INFORMATION

Owner Name:	Telephone:
Address:	

CONTRACTOR INFORMATION

Company Name:			
Address:			
Telephone:	Fax:	Email:	
VA Contractor Lic#	Expire Date:	City of Fairfax Business Lic#	

TENANT INFORMATION

Name:		
Telephone:	Fax:	Email:

TYPE OF BUILDING

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> New Tenant	Use Group:
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DESCRIPTION/AREA OF WORK:

Estimated Cost of Work: \$ _____

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Fire Alarm System

Number	Type of Equipment
	Main Panel (including branch circuit)
	Initiating, Detecting or Indicating Devices
	Dialers and Expansion Panels
	Access Control Devices

Sprinklers, New or Expanded System

Number	Type of Equipment
	Dry-pipe, Alarm, or Deluge Valve
	Piping and Sprinkler Heads (# heads)
	Fire Service Line (# feet)

Other

Number	Type of Equipment
	Standpipe Systems (not part of sprinkler system)
	Fire Pump
	Halon, Carbon Dioxide and Fixed Chemical Agent Systems

The request for use of personal information on this form is subject to the Privacy Protection Act of 1976 and the Freedom of Information Act

I hereby certify that I have authority of the owner to make this application, that the information is complete, and that if a permit is issued, the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations including private building restrictions, if any, which relate to the property. He/She and the company or organization named and represented herein is duly registered or exempt from registration in accord with the provisions of Chapter 7 of the Code of Virginia. I further certify that if I am acting as an **agent** for a properly licensed contractor, or contractor exempt from registration, I have his/her authority to apply for this application.

Applicant Signature: _____

Date: _____

Contact Person's Name: _____

Phone: _____

Fax: _____

Email Address: _____

Approval: _____ Date: _____