



# 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

FIRE PROTECTION PERMIT APPLICATION v2017

-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: \_\_\_\_\_