



# 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

## BUILDING PERMIT APPLICATION v2018

-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 #: |
| Subdivision: | Lot #        |

### BUILDING OWNER INFORMATION

|             |            |
|-------------|------------|
| Owner Name: |            |
| Address:    | Telephone: |

### 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 CONSTRUCTION

|  |  |                                   |                                     |                                     |                               |                               |
|--|--|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> New Structure   | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Deck | <input type="checkbox"/> Sign |
| **Occupant intends to occupy structure during alteration/addition construction: YES <input type="checkbox"/> NO <input type="checkbox"/> |  |                                   |                                     |                                     |                               |                               |

### DESCRIPTION/AREA OF WORK

Est. Cost of Building/Structural Work: \$ \_\_\_\_\_

### MECHANIC'S LIEN AGENT INFORMATION

None Designated

|          |            |
|----------|------------|
| Name:    |            |
| Address: | Telephone: |

### RESIDENTIAL

|   |   |
|---|---|
| Single Family Detached <input type="checkbox"/> | Single Family Attached <input type="checkbox"/> |
| Code Used:                                      | Use Group: Construction Type:                   |

### COMMERICAL

|               |  |
|---------------|--|
| Proposed Use: | Previous Use:                                |
| Code Used:    | Use Group: Construction Type: Occupant Load: |

### Square Feet of New Structures:

|  |  |   |                                     |               |              |             |             |
|--|--|---|-------------------------------------|---------------|--------------|-------------|-------------|
| Basement: _____                            | 1 <sup>st</sup> Flr: _____                   | 2 <sup>nd</sup> Flr: _____                | 3 <sup>rd</sup> Flr: _____          | Garage: _____ | Porch: _____ | Deck: _____ | Roof: _____ |
| Finished Basement <input type="checkbox"/> | Unfinished Basement <input type="checkbox"/> | Sprinkler System <input type="checkbox"/> | Fire Alarm <input type="checkbox"/> |               |              |             |             |

*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:         |        |      |

-Office Use Only-

Building Plan Review Approval: \_\_\_\_\_

Approved for: Building \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_