



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/Tenant Plan

Project Name: _____

Address: _____

Zip _____ Suite _____ Floor _____

Submitting Firm: _____

Address: _____

Phone: _____ Runner: _____

Name of Design Architect or Engineer: _____

Registration Number: _____

Name of Designer: _____

Address: _____

Occupation: _____

Purpose of Space: _____

Scope of Tenant Work: _____

Hazardous Materials: Combustible Liquid _____ Flammable Liquid _____ Other _____

Tenants Per Floor: Single _____ Multiple _____ Use Group (IBC) _____

Use Group of Building (IBC): _____ Type of Construction _____

Number of Stories in Building: _____ USBC_VA (Base Bldg)Year _____

Hi-Rise Building: Yes _____ No _____ Fire Control Room: Yes _____ No _____

Gross Floor area per Floor: _____ Tenant Space Sq Ft: _____

Sprinklers: Yes ___ No ___ Partial ___ Fully ___ Fire Alarm System: Yes ___ No ___ Type _____

Monitoring by an approved central station: Yes _____ No _____

Alarm Company _____ Certificate Date _____

Standpipes: Yes _____ No ___ If yes, provide location on plan _____

Fire Resistance Design #: Corridor: _____ Floors: _____ Roof: _____ Tenant Walls: _____