



# 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](http://www.fairfaxva.gov/code)

## REQUEST FOR AMENDMENT TO EXISTING PERMIT

DATE: \_\_\_\_\_

REFERENCE: PERMIT NUMBER \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

VA STATE CONTRACTOR LICENSE NUMBER: \_\_\_\_\_ Expires: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

### AMENDMENT REQUEST FOR:

- \_\_\_\_\_ Change house type from model \_\_\_\_\_ to model \_\_\_\_\_
- \_\_\_\_\_ Finish Basement
- \_\_\_\_\_ Deck / porch / sunroom added
- \_\_\_\_\_ Garage / carport added
- \_\_\_\_\_ Garage / carport deleted
- \_\_\_\_\_ Other \_\_\_\_\_

ESTIMATED ADDITIONAL COST DUE TO CHANGE: \$ \_\_\_\_\_

### SUPPORTING DOCUMENTATION SUBMITTED:

- \_\_\_\_\_ REVISED PLAT
- \_\_\_\_\_ REVISED CONSTRUCTION PLANS
- \_\_\_\_\_ REVISED SITE PLANS
- \_\_\_\_\_ REVISED GRADING PLAN

**\*\*ATTENTION: PERMIT MAY BE AMENDED ONLY BY THE PERMIT HOLDER\*\***

SIGNATURE OF APPLICANT: \_\_\_\_\_

Permit holder must sign this form in the presence of Code Admin, or have signature notarized.

CONTACT NAME : (Please Print) \_\_\_\_\_

CONTACT PHONE (or fax/e-mail) \_\_\_\_\_ extension \_\_\_\_\_

AMENDMENT APPROVED: PLAN REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH DEPT REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING REVIEW \_\_\_\_\_ DATE: \_\_\_\_\_

TIME OF PLAN REVIEW: \_\_\_\_\_ WALK-IN \_\_\_\_\_ ADDITIONAL FEE: \_\_\_\_\_ INVOICE # \_\_\_\_\_