



# 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

# PLUMBING 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: _____
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: _____

NOTE: Fixture Unit Fees (tap fees) must be paid before a permit will be issued. See Public Works, Room 200.

A Street-Opening Permit will be required for work done in a public right-of-way. Please contact the Public Works Facilities Inspector at 703-385-7828.

DESCRIPTION/AREA OF WORK:  Residential  Commercial Est. Cost of Plumbing Work: \$ \_\_\_\_\_

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Water Lateral:  New  Replace  Repair  with Tap Sewer Lateral:  New  Replace  Repair  with Tap

# Fixtures	Type	New = N Exchange = E Remove = R Move = M	# Fixtures	Type	New = N Exchange = E Remove = R Move = M
	Water Closet/Toilet/Bidet			Hose Bib	
	Urinal			Floor Drains / Area Drain	
	Basin/Lavatory			Foundation Drain	
	Sink			Sanitary Sewer Ejection	
	Bathtub			Roof Drain	
	Shower			Grease Trap	
	Dishwasher			Water Heater	
	Garbage Disposal			Back Flow Prevention Device	
	Drinking Fountain			Mixing Valve (anti-scald device)	
	Wash machine/standpipe/box			Sump Pump / Crock	
	Laundry tray/tub/sink				
	Mop Sink				

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: _____	Fixture Fees Public Works Approval: _____ Date: _____
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