



**City of Fairfax Fire Department**  
Office of Code Administration

**Modification Request**

Date:	Permit #
Location of Building:	
Building Owner:	Email:
Applicant:	Email:
Primary Telephone #	Secondary Telephone #

**Building Description**

New <input type="checkbox"/> Existing <input type="checkbox"/>	Fully Sprinklered? Yes___ No___	Fire Alarm? Yes___ No___
Stories Above Grade	Total Sq. Footage of Area Involved	
Height in feet	Code Edition	Type of Construction
Use Group and Description of Use		

**Code Section & Requirement to be Modified**


**Modification (Alternative to requirement)**


**Supporting Statement & Data (Attached additional Sheets if required)**

Owner/Applicant Signature:	Date:

**Staff recommendation and/or comments**


**Director/Building Official & Fire Official**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Signature:	Date:
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