



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

AMUSEMENT DEVICE PERMIT APPLICATION

PERMIT NO. _____

PERMIT FEE _____

DATE _____

INVOICE NO. _____

I. LOCATION ON WHICH THE DEVICES WILL BE OPERATED

ADDRESS _____ SUITE # _____

TENANT'S NAME _____

Area of Property where devices will be operated _____

II. NAME OF OWNER/OPERATOR/RESPONSIBLE PARTY _____

ADDRESS _____

ZIP CODE _____ TELEPHONE NO. _____

DATE THE DEVICES WILL BE OPERATING AT THE SITE: _____

DATE AND TIME OF SETUP/INSPECTION REQUESTED: _____

Name/Description of Device	Ride Type (**see below)	Number	Serial/Identification Number	Fee
	A B C D			
	A B C D			
	A B C D			
	A B C D			
	A B C D			
	A B C D			

**Ride Types:

- A. Kiddie Ride: The passenger height is limited to 54 inches or less, the design capacity is 12 passengers or less, and the assembly time is 2 hours or less.
- B. Circular Ride or flat ride: The ride is less than 20 feet in height.
- C. Spectacular Ride: The ride cannot be included in B above.
- D. Coasters: The ride is a roller coaster which exceeds 30 feet in height.

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.

Applicant Signature: _____

Date _____

Print contact name: _____ **Contact phone/fax/e-mail:** _____