



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

APPLICATION FOR FIRE PREVENTION CODE PERMIT

Fire Prevention Code(s) applying for: <input type="checkbox"/> Place of Assembly (50+ persons) <input type="checkbox"/> Place of Education <input type="checkbox"/> Care Facility <input type="checkbox"/> Service Station <input type="checkbox"/> Repair Garage <input type="checkbox"/> Hot Work Operations <input type="checkbox"/> Application of Flammable Finishes <input type="checkbox"/> Flammable & Combustible Liquids	<input type="checkbox"/> LP gases <input type="checkbox"/> Dry Cleaning Plant <input type="checkbox"/> Tents & Air Supported Structures <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fireworks <input type="checkbox"/> Fire Protection Systems _____ <input type="checkbox"/> Fuel Storage Tanks __ AST __ UST ____ gals. Other _____
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INSPECTION LOCATION:

Local Business Name: _____ Type: _____

Local Business Address: _____

Design Occupant Load(s): _____ Assembly Area: Yes No

Local Contact Person Name: _____

Telephone: Day _____ Night _____ Emergency Telephone: _____

Email Address: _____

Business Billing /Headquarters Name: _____

Billing Address: _____
STREET CITY STATE ZIP CODE

Billing Contact Person: _____ Phone: _____

Billing Email: _____

Paid Online Confirmation #: _____ Paying by Check #: _____

Building Owner (Landlord): _____

Address: _____ Phone: _____

All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.

I hereby accept full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and the City of Fairfax Fire Prevention Code pertaining to the above application.

Applicant Name (Please Print): _____ Date: _____

Signature of Applicant: _____

OFFICE USE ONLY:

Approved by: _____ Date: _____ Amount Due: _____
 Invoice #: _____ Date Paid: _____ Permit #: _____ Expires: _____

