



FIRE PROTECTION PERMIT APPLICATION

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|------------------------------------|--|---|----------------|----------------|----------------------------|---------------------------|
| A. | <u>Customer's Information</u> | Important: Applicant to complete all <u>non-shaded</u> areas and mark or circle where applicable. | | | | Do not write here |
| | | Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process. | | | | Permit Number F |
| | Job Address | Number and street | suite/unit | Floor | Phone at site if available | F |
| | Check applicable permit holder box <input type="checkbox"/> | Contractor | Name (Company) | Contact Person | Number and Street | |
| | | Legal Owner | State | Zip | State License Number | Arlington License Number |
| Tenant Name (If applicable) | Name | Address | | Phone | Total Fees | |
| | Name | Number and Street | | Phone | Estimated Cost | |

| | | | | | | |
|-----------|-------------------------------|----------------------|--|--|--|------------------|
| B. | <u>Job Description</u> | Building Type | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> All Other | | | Gross Floor Area |
| | | Type of Work | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> All Other | | | |

| | | | | | | | |
|---|--|-------------------------------|---|---|------------------------|---------------------------------|----------------------|
| C. | <u>Classification Of Work</u> | | | | | | |
| | <u>Fire Suppression Systems</u> | | <u>Gas / Halogenated Systems</u> | | | <u>Fire Alarm System</u> | |
| | Quantity | Description | Y | N | FM 200 | Quantity | Description |
| | _____ | Sprinkler Heads | Y | N | Inergen (N, Ar, CO2) | _____ | Initiation Devices |
| | _____ | Stand Pipe Risers | Y | N | Carbon Dioxide (CO2) | _____ | Signaling Devices |
| | _____ | Total No. of Fire Hose Valves | Y | N | Other _____ | _____ | Panel Review |
| | _____ | Hood Suppression System | _____ Specify the number of Systems | | | _____ | Panel Re-Review |
| | _____ | Fire Pump | _____ Fire Main | | | _____ | Extender / Amplifier |
| <u>Description of Other work not mentioned above</u> | | | | | | | |
| | | | | | | | |

| | | | | | | | | | | |
|-----------|-----------------------------|--|--|---------|--|---|--------------|--|--|------|
| D. | <u>Certification</u> | | | | | I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes | | | | |
| | Signature of Applicant | | | Address | | | Name (print) | | | Date |

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.