

CITY OF FAIRFAX BUILDING PERMIT APPLICATION

FIRE DEPARTMENT
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST. #208
FAIRFAX, VA 22030
(703) 385-7830 WEB: www.FairfaxVA.gov
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____
CARD MADE _____

I. JOB LOCATION

ADDRESS _____ SUITE # _____
TENANT'S NAME _____

II. NAME OF OWNER

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

III. NAME OF CONTRACTOR

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____ FAX NO. _____

VA Contractor's License # _____ * Expires _____ / City of Fairfax Business License # _____

A COPY OF THE CONTRACTOR'S VIRGINIA STATE LICENSE MUST BE SUBMITTED

<p>TYPE OF IMPROVEMENT</p> <p><input type="checkbox"/> New Structure</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Foundation Only</p> <p><input type="checkbox"/> Sign</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Alteration (Asbestos Affidavit required)</p> <p><input type="checkbox"/> Demolition (Asbestos Affidavit required)</p> <p><input type="checkbox"/> Asbestos Abatement (requires VA DOLI notification)</p>	<p>PROPOSED USE</p> <p>Residential</p> <p><input type="checkbox"/> One Family</p> <p><input type="checkbox"/> Multi-Family</p> <p style="padding-left: 40px;">Number of Dwelling Units _____</p> <p><input type="checkbox"/> Hotel, Motel</p> <p>Non-Residential:</p> <p style="padding-left: 40px;">Specify Use _____</p>
<p>COST (ESTIMATE)</p> <p style="padding-left: 20px;">Building \$ _____</p> <p style="padding-left: 20px;">Electrical \$ _____</p> <p style="padding-left: 20px;">Plumbing \$ _____</p> <p style="padding-left: 20px;">Mechanical \$ _____</p> <p style="padding-left: 20px;">Other \$ _____</p> <p>Total Cost \$ _____</p>	<p>Use Group of Building _____</p> <p>Construction Type _____</p>
<p>MECHANIC'S LIEN AGENT</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone No. _____</p> <p>None designated <input type="checkbox"/></p>	<p>Report Information:</p> <p>Asbestos Affidavit _____</p> <p>VA DOLI Notification/Permit _____</p> <p>ADA Compliance _____</p> <p>Building Tenant Plan _____</p> <p>Health Department Approval _____</p> <p>Owner Exemption for B ___ / E ___ / M ___ / P ___</p>

TOTAL FLOOR AREA OF CONSTRUCTION: _____

DESCRIPTION OF WORK TO BE PERFORMED _____

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.

Applicant Signature: _____ **Date** _____

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

Zoning Administration Approval _____ **Date** _____