



# 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

## BUILDING PERMIT APPLICATION v2018

-Office Use Only-

PERMIT # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Dep. Inv # \_\_\_\_\_ Dep. Paid \$ \_\_\_\_\_

Bal. Inv # \_\_\_\_\_ Bal. Paid \$ \_\_\_\_\_

PERMIT TO BE ISSUED TO: ☐ CONTRACTOR ☐ OWNER ☐ TENANT

### JOB LOCATION INFORMATION

Address: _____	Suite/Flr #: _____
Subdivision: _____	Lot # _____

### BUILDING OWNER INFORMATION

Owner Name: _____
Address: _____ Telephone: _____

### CONTRACTOR INFORMATION

Company Name: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____
VA Contractor Lic# _____ Expire Date: _____ City of Fairfax Business Lic# _____

### TENANT INFORMATION

Name: _____
Telephone: _____ Fax: _____ Email: _____

### TYPE OF CONSTRUCTION

<input type="checkbox"/> New Structure <input type="checkbox"/> Foundation Only <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration <input type="checkbox"/> Deck <input type="checkbox"/> Sign
**Occupant intends to occupy structure during alteration/addition construction: YES <input type="checkbox"/> NO <input type="checkbox"/>

### DESCRIPTION/AREA OF WORK

Est. Cost of Building/Structural Work: \$ \_\_\_\_\_

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### MECHANIC'S LIEN AGENT INFORMATION

☐ None Designated

Name: _____
Address: _____ Telephone: _____

### RESIDENTIAL

Single Family Detached <input type="checkbox"/> Single Family Attached <input type="checkbox"/>
Code Used: _____ Use Group: _____ Construction Type: _____

### COMMERICAL

Proposed Use: _____ Previous Use: _____
Code Used: _____ Use Group: _____ Construction Type: _____ Occupant Load: _____

### Square Feet of New Structures:

Basement: _____ 1st Flr: _____ 2nd Flr: _____ 3rd Flr: _____ Garage: _____ Porch: _____ Deck: _____ Roof: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm <input type="checkbox"/>

*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. I further certify that if I am acting as an **agent** for a properly licensed contractor, or contractor exempt from registration, I have his/her authority to apply for this application.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

-Office Use Only-

Building Plan Review Approval: \_\_\_\_\_

Approved for: Building \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_