

Fire Protection - Building Permit Application (FIRE)

Received by: _____
Date: _____



Public Works - Building and Permits Division

1300 Courthouse Road, P.O. Box 339
Stafford, Virginia 22555-0339

Submit Permit Applications at/to this Address

Phone: 540-658-8650
Fax: 540-658-4598

Permit Status: <http://hello.stafford.va.us>
Inspections: 540-658-4151

Fire Marshal's Office

1225 Courthouse Road
Stafford, Virginia 22555-0339

Phone: 540-658-7200
Fax: 540-658-4545
www.staffordfirerescue.com/fm



For Official Use Only:	
<p>(Check one)</p> <p><input type="checkbox"/> New Plans/Permit (Review Number 1)</p> <p><input type="checkbox"/> Re-submitted Plans (Fire Permit Not Yet Issued)</p> <p><input type="checkbox"/> Revised or As-built Plans (Original Fire Permit Already Issued)</p> <p>Review Number: 1 2 3 4 5 (circle one)</p>	<p>No Delinquent R/E Taxes Due By: _____</p> <p>A/P#: _____</p> <p>Parent A/P#: _____</p>

Site Location:

Address: _____ Suite: _____

City: _____ Zip: _____

Tax Map: _____

Lot # _____

Zoning: _____

Applicant Information:

Name: _____

Contractor / Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

VA Contractor's License #: _____

Class: _____ Expiration Date: _____

Special Certifications: _____

On-site Contact Name: _____

On-site Contact Number: (____) _____

Email: _____

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Emergency Contact Name: _____

Emergency Contact #: (____) _____

Occupant/Tenant Information:

Name: _____

Business Name: _____

Phone: (____) _____

Emergency Contact Name: _____

Emergency Contact #: (____) _____

Construction Area:

Total Square Feet: _____

Total Value of Improvement: \$ _____

Building Occupancy Classification: _____

Building Construction Type: _____

Description of Work:

See the corresponding checklists on page 2

(Check one)

Automatic Sprinkler System

Fire Alarm System

Alternative Fire Extinguishing System

Underground Fire Line or Standpipe System

Other Fire or Life Safety System

Hard copy of approved plans requested.

ALL plans and design documents MUST be submitted on a CD in PDF format for review. Approved plans will be returned on a CD in PDF format unless this box is checked AND hard copies are submitted for stamping.

Checklists for Plan Information:

The following checklists are provided as a GUIDE to the applicant regarding the minimum information required on Fire Protection System plans. These lists are not intended to illustrate the only requirements but rather to highlight the common items that often must be included. In all cases, the design documents must illustrate compliance with the applicable code and standards and the requirements therein.

Check all items provided for the type of permit requested:

Automatic Sprinkler System:

- The approved address of the location (Number, Street Name, Suite #)
- The stamp or signature, license number and contact information of the design professional (Minimum NICET III, IV or P.E.).
- An illustration of the location of the work within the overall site, or building.
- Description of the "Scope of Work" and clear illustration of the areas not included.
- Building floor plan (to scale) indicating size, type and location of rooms and building components including fire walls, partitions, ceilings, stairs, concealed or non-combustible spaces, building equipment (obstructions), and other related items.
- Hazard classification including commodity classification and storage arrangement (type, height, fixed or rack, aisle spacing and flue space if applicable). An attached letter or paragraph format may be most effective.
- The type, location and size of all piping, valves, sprinklers and other components.
- The sprinkler legend shall provide the following information: type, symbol, SIN, temperature classifications, orifice size, K-factor, manufacturer, and quantity.
- Details (including all devices such as risers and valves, backflow prevention, pumps and FDC interconnection).
- Hydraulic calcs and illustration of calc-plates where required by NFPA 13.
- For modifications or additions, the original design information including remote area, design density, hazard classification, system type, etc.
- Capacities and pressure settings (normal, alarm, high, low, etc.) for dry or pre-action systems.
- Indicate the latest water supply data available from the Stafford County Department of Utilities at 540-658-8616.
- Equipment cut-sheets and specifications for ALL components.

Alternative Extinguishing System:

- The approved address of the location (Number, Street Name, Suite Number).
- The stamp or signature, license number and contact information of the design professional.
- An illustration of the location of the work within the overall site, complex or building.
- Description of the "Scope of Work" and clear illustration of the areas not included.
- Building floor plan (to scale) indicating the type, location and size of all piping, nozzles and other components. Include the details and dimensions of the room or area and the appliance or equipment protected. Isometric and/or elevation views may be required.
- The type, location, quantity and function of detecting devices (fusible links, detectors, etc) including temperature classifications.
- The type and quantity of extinguishing agent with the corresponding calculations or equipment cut sheets to determine agent quantity.
- The location and type of all alarms, manual actuation devices, means of egress and portable fire extinguishers.
- The method of utility (electric, gas, etc) shut down and system interconnection to the associated equipment, exhaust fans, and building fire alarm system.
- Equipment cut-sheets and specifications for ALL components.

Fire Alarm System:

- The approved address of the location (Number, Street Name, Suite #).
- The stamp or signature, license number and contact information of the design professional (Minimum NICET III, IV or P.E.).
- An illustration of the location of the work within the overall site, complex or building.
- The "Scope of Work" being performed (including the number of devices).
- Building floor plan (to scale) indicating size, type and location of rooms and building components including fire walls, partitions, ceilings, stairs, concealed or non-combustible spaces, building equipment (obstructions), and other related items.
- The type and location of ALL devices (include the height from the finished floor where applicable).
- The method, listing and contact information of the system supervision per NFPA 72.
- Identification of the system zones (fire alarm zones must be coordinated with sprinkler zones).
- A component wiring riser diagram and wiring runs illustrated on the plans.
- Complete battery and voltage drop calculations for ALL applicable devices.
- A sequence of operations matrix illustrating the function of all initiating devices or other components and the related action or interface with other building systems.
- Equipment cut-sheets and specifications for ALL components

Underground Fire Line or Standpipe System:

- The approved address of the location (Number, Street Name, Suite Number).
- The stamp or signature, license number and contact information of the design professional.
- An illustration of the location of the work within the overall site, complex or building
- Description of the "Scope of Work" and clear illustration of the areas not included
- A site or building plan (to scale) indicating the location, type and size of all piping and valves.
- Any design details for valve arrangements, fire department connections or signage.
- The depth of cover and change in elevation of piping.
- Any construction specifications notes including wrapping of pipe, pipe restraints, thrust blocks, etc.
- Equipment cut-sheets and specifications for ALL components.

Other Fire or Life Safety System:

- The approved address of the location (Number, Street Name, Suite Number).
- The stamp or signature, license number and contact information of the design professional.
- An illustration of the location of the work within the overall site, complex or building.
- Description of the "Scope of Work" and clear illustration of the areas not included
- Building floor plan (to scale) indicating size, type and location of rooms and building components including fire walls, partitions, ceilings, stairs, concealed or non-combustible spaces, building equipment and other related items.
- The type, location, quantity and function of all devices or system components
- Equipment cut-sheets and specifications for ALL components.

Signature:

I hereby certify that the design documents submitted complies with the above checklist and the following VUSBC, VSFPC and NFPA Standards (edition): _____

Name: _____ Signature: _____ Date: _____

AFFIDAVIT: I, the undersigned sub-contractor certify that I will be responsible for the work performed in the trade indicated and authorize the applicant to obtain the permit as my agent:

Contractor/Company: _____ Signature: _____
 Mail Address: _____ Phone: _____
 VA Contractor's License #: _____ Class: _____ Exp Date: _____
 Master Certification #: _____ Exp Date: _____
 Master License Holder: _____ Original Signature: _____
 Phone: _____ Estimated Value of Work: \$ _____

Complete the applicable information below (only the information that applies to this permit):

Automatic Sprinkler System:

- Sprinkler System Light Hazard
- Sprinkler System Ordinary Hazard or Rack Storage
- Sprinkler System Extra Hazard
- NFPA 13R System
- NFPA 13D System

- # of Sprinkler Heads
- # of Limited Area Sprinklers
- # of Dry Pipe/Pre-Action Valves
- # Fire Pumps
- # Backflows Prevention Devices
- Contractor Certified for Backflow

Alternative Fire Extinguishing System:

- # of Kitchen Hood Suppression Systems
- # of Carbon Dioxide Ext Systems
- # of Clean Agent Ext Systems
- # of Chemical (Dry/Wet) Ext Systems

Underground Fire Line or Standpipe Systems:

- # of Underground Fire Lines
- # of Standpipe Systems
- # of Standpipes

Other Fire/Life Safety Systems

- # of Smoke Control Systems
- # of Delayed Egress Devices
- # of Devices Other Fire /Life Safety

Fire Alarm Systems:

- # of Fire Alarm System Devices
- Elevator Recall Included

I hereby certify that I have the authority of the property owner to make this application and that all information provided is complete and correct. Furthermore, it is understood that the approval and issuance of this permit is NOT an approval for or permission to violate any applicable code, standard, law or ordinance.

Name: _____
 Owner
 Contractor

Signature: _____ **Date:** _____

A permit will not be issued until all fees are paid!