



BUILDING INFORMATION FORM

for Commercial Construction

Building Plan Review, Land Development Services
Fire Prevention Division, Fire & Rescue Department

Project Name: _____

Street Address: _____ Suite: _____

Submitting Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Expeditor's name: _____

Email address: _____

Plans may be rejected if this form is not completed in its entirety

RESPONSIBLE PARTY IF OTHER THAN SUBMITTING FIRM

(Designated to pay all bills per Code of Fairfax County, Chapter 61, Section 61 1 5.)

Billing Name: _____ FIDO Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact Person: _____

SCOPE OF WORK

New Building: No Yes Tenant Fit-Out for previously unoccupied space: No Yes

Description of Work: _____

Type of alteration (Check all that apply): Interior Exterior Addition Change of Occupancy

(Unless specified otherwise alterations will be reviewed using the Prescriptive Compliance Method. VRC chapter 4)

BUILDING INFORMATION

CODE INFORMATION

Occupancy Classification(S) (per VCC): _____ Type of Construction (per VCC): _____

Number of Stories in Building: _____ Gross Floor Area Per Floor (SF): _____

Original (Base) Building Design - Code and Year: _____

High-Rise Building: No Yes Fire Control Room: No Yes

FIRE PROTECTION SYSTEMS

Sprinklers: None Partial Full Approved Central Station: No Yes

Fire Alarm System: No Yes Type: _____

Standpipes: No Yes - Identify Location on Plans: _____

FIRE RESISTANCE DESIGN NUMBER, PRESCRIPTIVE ITEM NUMBER, OR CALCULATED CODE SECTION

Floor/Ceiling: _____ Roof/Ceiling: _____

Columns: _____ Beams: _____

Corridor Separation: _____ Tenant Separation Walls: _____

TENANT INFORMATION

Purpose of Space: _____ Floor No: _____

Occupancy Classification (per VCC): _____ Area of Tenant Space (SF): _____

Hazardous Materials: Combustible Liquid Flammable Liquid Other: _____