



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: _____

RESPONSIBLE PARTY (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: _____

BUILDING INFORMATION

(Use) Group(s) of Building (per IBC): _____ Type of Construction (per IBC): _____

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

TENANT INFORMATION

Purpose of Space: _____ Floor No: _____

Description of Work: _____

(Use) Group(s) of Tenant (per IBC): _____ Area of Tenant Space (SF): _____

Hazardous Materials: Combustible Liquid Flammable Liquid Other: _____

FIRE PROTECTION SYSTEMS

Sprinklers: None Partial Full

Approved Central Station: No Yes, name: _____

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: _____