



County of Fairfax
 Fire & Rescue Department
 Office of the Fire Marshal
 10700 Page Avenue
 Fairfax, VA 22030
 Telephone: 703-246-4849
 Fax: 703-246-4872

A/P Number: _____
 Other Permit(s): _____
 Occupancy Load: _____
 Non-RUP _____

OFFICE USE ONLY

<http://www.fairfaxcounty.gov/fr/prevention/>

ANG/AP Public Safety Plan Review Application

Date: _____ Event Type (check one): () All-Night Graduation Event () After-Prom Event

Name of school/organization having the event: _____

Date of Event: _____ Approximate Number of Attendees: _____

Event Committee Chairperson _____ Phone #: _____

Event Facility Owner / Representative / Contact Name: _____

Event Facility Phone #: _____ Alt. Phone #: _____

Documentation Checklist

The following items must be submitted with this application:

- () WRITTEN EMERGENCY PLAN, TWO (2) COPIES
- () FACILITY LAYOUT (DIAGRAM/FLOOR PLAN), TWO (2) COPIES
- () ALL CERTIFICATES OF FLAME-RETARDANT TREATMENT
- () PACKAGING, CERTIFYING THE DECORATION TO BE NONCOMBUSTIBLE, FLAME-RESISTANT OR FLAME-RETARDANT, FOR ALL DECORATIONS TO BE DISPLAYED.

Notice: An incomplete application cannot be processed and will likely delay event approval.

Billing Information

RESPONSIBLE PARTY NAME: _____ PHONE # _____

BILLING ADDRESS: _____

Fees for plan review and inspections are assessed at \$128.00 per hour, charged on the quarter hour.
 An invoice will be mailed to the responsible party and payment is due upon receipt.

All conditions, surroundings, and arrangements shall be in accordance with the Fire Prevention Code

I, _____ hereby accept full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code pertaining to the above application.

Inspection Location Name: _____

Inspection Location: _____

Name of Person Making Application: _____

Print Name

Signature

Telephone: _____ Emergency Telephone: _____

OFFICE USE ONLY

Mail To:

Fire Station Number:

Battalion Number:

Inspector: _____

Date: _____

Publication Updated: 3/10/09