



**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT
OFFICE OF THE FIRE MARSHAL**

10700 Page Avenue, Fairfax, VA 22030

Telephone: 703-246-4803, TTY 711, Fax: 703-246-6044

www.fairfaxcounty.gov/fr/prevention/



CARNIVALS, FAIRS, FESTIVALS

and Outdoor Public Assemblages 500+ Persons

Public Safety Plan Review and FPCP Application

Date: _____ Event Type: _____

Name of Event Organization: _____

Date of Event: _____ Approximate Number of Attendees: _____

Event Coordinator/Sponsor: _____ Phone #: _____

Event Site Owner / Representative / Contact Name: _____

Site Phone #: _____ Alternate Phone #: _____

DOCUMENTATION CHECKLIST

SUBMIT THIS APPLICATION WITH THE FOLLOWING ITEMS TO THE ABOVE ADDRESS WITH THE \$150 PERMIT (FPCP) FEE:

() **WRITTEN EMERGENCY PLAN, TWO (2) COPIES**

() **SITE LAYOUT DIAGRAM, TWO (2) COPIES**

A SEPARATE FPCP IS REQUIRED FOR THE FOLLOWING ACTIVITIES CONDUCTED AT THE ABOVE NAMED EVENT:

() **TEMPORARY TENT - APPLICATION, PLANS AND A \$150 FEE (F3TENT)**

() **PORTABLE LP-GAS CYLINDERS, PER EVENT - APPLICATION AND A \$78 FEE (F3LP6)**

() **STATIONARY LP-GAS TANK, TEMPORARY INSTANTLATION - APPLICATION, PLANS AND A \$150 FEE (F3LP5)**

() **FIREWORKS/PYROTECNICS DISPLAY - APPLICATION, PLANS AND A \$480 FEE (F3FW3 OR F3FW4)**

() **OPEN FLAME/CANDLES INSIDE, EACH EVENT - APPLICATION AND A \$78 FEE (F3FLM2)**

*Make Check or Money Order Payable to **County of Fairfax***

BILLING AND INSPECTION LOCATION INFORMATION

Responsible Party Name: _____ Phone #: _____

Event Billing Address: _____

Inspection Location Name: _____

Inspection Location: _____

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

I, _____, hereby accept full responsibility for adherence to requirements of the Virginia Statewide Fire Prevention Code (SFPC) and Fairfax County Fire Prevention Code for the above event.

Name of Person Making Application: _____
Print NameSignature

Telephone #: _____ Emergency Telephone #: _____

OFFICE USE ONLY

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