



**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT**  
**FIRE PREVENTION DIVISION**  
 Revenue & Records Branch  
 10700 Page Avenue  
 Fairfax, Virginia 22030  
 Phone: 703-246-4803 Fax: 703-246-4872

**Fire Marshal Use Only:**

Account Number: \_\_\_\_\_

Permit(s) Expire: \_\_\_\_\_

**APPLICATION FOR FIRE PREVENTION CODE PERMIT (FPCP)**

Specific FPCP descriptions, fees, and types are outlined in the "[FPCP and Filing Fee Requirements](#)" guideline located at [www.fairfaxcounty.gov/fr/prevention/](http://www.fairfaxcounty.gov/fr/prevention/). If you need assistance with this application, please call us at 703-246-4803.

Application for a Fire Prevention Code Permit (FPCP) is hereby made by the undersigned for the following process, installation, storage, occupancy or use:

<u>FPCP DESCRIPTION</u>	<u>FPCP FEE</u>	<u>FPCP TYPE</u>

**Return this application to the above address with payment. Make Check or Money Order Payable to "County of Fairfax"**

Total Amount Due: \_\_\_\_\_

Business / Headquarters: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Zip Code

I, \_\_\_\_\_, hereby accept full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code (VSFPC) and the Fairfax County Fire Prevention Code pertaining to the above process, installation, storage, occupancy or use applied for in this permit application.  
Printed Name

Permit / Inspection Location Name: \_\_\_\_\_

Permit / Inspection Location: \_\_\_\_\_  
Zip Code

Non-RUP or Zoning Permit # (Required for all Commercial Occupancies): \_\_\_\_\_

Signature of Person Making Application: \_\_\_\_\_  
Signature Date

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

**NOTICE: ALL INFORMATION MUST BE PROVIDED BEFORE THIS APPLICATION WILL BE PROCESSED**