



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

Revenue & Records Branch
10700 Page Avenue
Fairfax, VA 22030

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

www.fairfaxcounty.gov/fr/prevention/



Public Safety Plan Review 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: _____

FPCP #: _____ Site Phone #: _____ Alternate Phone #: _____

Documentation Checklist

SUBMIT THIS APPLICATION WITH THE FOLLOWING ITEMS TO THE ABOVE ADDRESS:

(_____) WRITTEN EMERGENCY PLAN, TWO (2) COPIES (_____) SITE LAYOUT DIAGRAM, TWO (2) COPIES

AN FPCP (PERMIT) IS REQUIRED FOR THE FOLLOWING ACTIVITIES CONDUCTED AT THE ABOVE NAMED EVENT:

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

<http://www.fairfaxcounty.gov/fr/prevention/frpublications/tentguide.pdf>

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

[Guideline Under Development](#)

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

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

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

Billing & Fee Information

FEES: Plan review fees are assessed at \$156 per hour, charged on the quarter-hour. Inspection fees are assessed at \$156 per hour, per inspector, charged on the quarter-hour. All plan review and inspection fees are invoiced to the person identified as the "Responsible Party" on the application. Payment is due upon receipt. Make check or money order payable to "County of Fairfax."

RESPONSIBLE PARTY NAME: _____ PHONE #: _____

BILLING ADDRESS: _____

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

A/P Number: _____ Other Permit(s): _____

Occupancy Load: _____ Non-RUP: _____

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