



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

Revenue & Records Branch  
10700 Page Avenue  
Fairfax, VA 22030

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[www.fairfaxcounty.gov/fr/prevention/](http://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/fmpublications/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)

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

### 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: \_\_\_\_\_

Publication Updated: 9/18/15 FRD-069Z