



PURPOSE

To provide a detailed step-by-step guide to the customer for the application process for the Alternative Fire Extinguishing System application in the Planning and Land Use system. This application is used when installing, modifying, or demolishing an Alternative Fire Extinguishing System: Aerosol, Automatic Water Mist, Carbon Dioxide, Clean Agent, Dry-Chemical, Foam, Halon, Wet-Chemical or other.

Alternative Fire Extinguishing Systems Customer Application Process

Intake in Accela Citizen Access (ACA)

1. Login to **PLUS**
2. Click Fire module tab
3. Click **Create an Application**.
4. Check the box to indicate you have read and accepted the terms, then click **Continue Application**

5. Expand the dropdown menu **Installation**, then select the option for Alternative Fire Extinguishing Systems and click **Continue Application**

3

Home Building Enforcement Environmental Health **Fire** Planning

Create an Application Search Applications Schedule an Inspection

Online Application

If you have questions or need assistance using the system contact the Help Desk:

- Phone: 703-324-2222
- TTY: 711
- Email: PLUSsupport@FairfaxCounty.gov

If assistance is needed for determining the record to choose below, requirements to submit a g www.fairfaxcounty.gov/fire-emt/fire-marshall/fire-plus.

Please 'Allow Pop-ups from this site' before proceeding.

General Disclaimer

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction or use will conform to the requirements in the applicable Virginia Uniform Statewide Building Code, the current adopted Virginia Statewide Fire Prevention Code, the Code of the County of Fairfax, the Fairfax County Zoning Ordinance, and all other applicable laws, codes, and standards.

By submitting this form, I acknowledge that this document is a public record under both the Virginia Public Access Act and the Virginia Code of Information Act.

☒ I have read and accepted the above terms.

Continue Application »

Select a Record Type

Choose one of the following available record types. For assistance making a selection, pl

Search

Installation

- ☐ Alternative Fire Extinguishing Systems
- ☐ Door Locks
- ☐ Fire Alarm
- ☐ Fire Lane
- ☐ Site/Bldg Fire Review for Towns
- ☐ Sprinkler System or Standpipe System
- ☐ Storage - High-piled/Other
- ☐ Storage Tank - Install
- ☐ Underground Line

Operational - Fire Prevention Code Permits (FPCP)

Operational - FPCP (Hot Works-All/Explosives-Firm)

Operational - Non-Permitted

Registration

Continue Application »

6. Fill out Step 1: Location and People>Location Information

- a. Enter the **Project Address** (Enter Street Number and first 3 letter of Street Name and select search) OR
- b. Enter **Location Details**

6

Project Address

Describe the location of the project. An address can be searched by typing in a partial or full address. The greater information about the location is entered, the more accurate the search results will be.

Street Number Street Name Street Type Street Suffix

Unit Type Unit #

City State Zip

Description

Search Clear

6

Location Details

If your project is located in Fairfax County but the address is not in the system, please enter it in the box below.

Location Details



- c. Answer if there are **multiple addresses**.

6 Multiple Addresses

* Are multiple addresses associated with this scope of work for this submission? ☐ Yes ☐ No

- d. **Tenant Location Details** can be provided.
e. Click **Continue Application**.

6 Tenant Location Details

If your application pertains to a specific Building Number, Floor Number or Suite Number, those details can be added via the list below.

Showing 0.0 of 0

Building Number	Floor Number	Suite Number
No records found.		

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

7. Fill out Step 1: Location and People>Contact Information; click Continue Application – **You must have a customer account, always use “Select from Account”, do not select new:**
- Enter at least one **Applicant**
 - Enter at least one **Billing Contact**
 - Enter at least one **Property Owner** - Click **“Select from Account and choose “Owner”**
 - Tenant** is optional
 - Click **Continue Application**.

7

To add a contact, click either Select from Account or Add New button. Select from Account allows you to load an existing contact from your account, and Add New allows you to enter details for a new contact. After a contact is added, you can select the Edit link to update the listed contact.

[Select from Account](#) [Add New](#)

8. Fill out Step 1: Location and People>Contractor Information
- “Are you acting as your own contractor?” No by default.
 - If you answer Y, field in 8b will disappear. Skip to step 10.
 - If you answer N, populate 8b.
 - “Will the Contractor be selected later?” Required.
 - If you answer Y, Licensed Professional in 9b will not be required.
 - If you answer N, continue to step 9 and populate all sections.
 - Click **Continue Application**.
9. Fill out Step 2: License Information>License Information
- Enter **License Professional Validation Information**

8 Owner as Contractor

* Are you acting as your own contractor? ☐ Yes ☒ No

Will the Contractor be selected later? * ☐ Yes ☒ No

9 Licensed Professional Validation Information

Estimated Cost: *

- b. Enter **Licensed Professional** using Look Up button.

9 Licensed Professional

To add a new licensed professional, click the Select from Account or Add New button below. To edit a licensed professional, click the Edit link. To find a licensed professional, click the Look Up button.

[Look Up](#)

- Enter the “State License Number.” Click **Save and Close**.



9 **Licensed Professional Information** x

Enter the License Type and the State License Number. The remaining fields will be populated if the license information is validated. Click Save and Close if the displayed data is correct. If the displayed data is not correct, click Clear and try another license.

*License Type *State License Number
 Contractor

Business Name / First Name / Last Name

Address

City Zip Code

Country/Region
 United States

Phone Email

Save and Close Clear Discard Changes

c. Enter **Business, Professional and Occupational License (BPOL) Details**.

- i. "Do you have a Fairfax County Business License?" Required
 1. If you answer Y, 9cii and 9ciii will disappear. Skip to 9civ.
 2. If you answer N, proceed to 9cii.
- ii. "Do you have a Temporary BPOL License?" Required.
 1. If you answer Y, proceed to 9ciii.
 2. If you answer N, skip to step 10.
- iii. "Please provide the Issue Date for the Temporary BPOL License." Required.

9 **Business, Professional and Occupational License (BPOL) Details**

This section will validate your business license against information held by the County of Fairfax. If you are licensed by a jurisdiction outside of the County of Fairfax, it is likely your license details will not be found. In that instance, please enter your account number and continue with your application.

Account Number is a 9 digit number without spaces, letters or dashes. For example: 000142810

*Do you have a Fairfax County Business License?: ☐ Yes ☐ No

Do you have a Temporary BPOL License?: ☐ Yes ☐ No

Please provide the Issue Date for the Temporary BPOL License:

iv. "Account Number." Required.

9 **Business, Professional and Occupational License (BPOL) Details**

This section will validate your business license against information held by the County of Fairfax. If you are licensed by a jurisdiction outside of the County of Fairfax, it is likely your license details will not be found. In that instance, please enter your account number and continue with your application.

Account Number is a 9 digit number without spaces, letters or dashes. For example: 000142810

*Do you have a Fairfax County Business License?: ☒ Yes ☐ No

Account Number: *

BPOL License Status:

v. "BPOL License Status." Auto-generated (slowly).



- d. Click **Continue Application**.

10. Fill out Step 2: License Information>BPOL Exemption

- a. Enter **Business, Professional and Occupational License Exemption**.
 - i. Five fields appear required but only four must be populated. “Contractor” or “Agent” checkbox is required.
- b. Click **Continue Application**.

10 Business, Professional and Occupational License Exemption

I certify that in accordance with Section 4-7.2-3(G) of the Fairfax County Code, a contractor or business owner listed on this permit application is exempt from current business license tax based on the prior year gross receipts attributed to their business.

Click here if BPOL exemption is appropriate. You will be asked to certify the exemption: *

Name: *

Contractor: * ☐

Agent: * ☐

Certification Date: * 

11. Fill out Step 2: Application Detail>Application Information

- a. Enter the **Project Scope**.

Project Scope

This will describe the project, to include the name, dates, and any other pertinent information. It may be updated by county staff to include all necessary details.

*Project Name:

*Project Description:

- b. Enter the **Project Details**.
 - i. If a field was previously answered in the application process and it appears here again, it will be auto-populated with the previous answer and cannot be overwritten.



Project Details

* Do you intend to have separation permits? :

☐ Yes ☐ No

* Are/Will you be requesting phased occupancy? :

☐ Yes ☐ No

* Is there a Building Parent or Related Permit?:

☐ Yes ☐ No

* Is there a Code Modification requested or approved for this permit? :

☐ Yes ☐ No

* Estimated Cost:

54000

c. Enter the **Fire Marshal Review Details**.

- i. Expressions will expand some fields based on the answers.

Fire Marshal Review Details

* Code Edition:

--Select--

* Installation Type:

--Select--

* Have Plans and Technical Data Sheets already been submitted on another Alternative Extinguishing System record for this same project?:

☐ Yes ☐ No

Fire Marshal Review Details

* Code Edition:

Other

Other Code Edition: *

* Installation Type:

New System

Type of Work: *

--Select--

* Have Plans and Technical Data Sheets already been submitted on another Alternative Extinguishing System record for this same project?:

☐ Yes ☐ No

Display for Installation Type = New System

Fire Marshal Review Details

* Code Edition:

Other

Other Code Edition: *

* Installation Type:

Modification to existing s

Affecting Modification: *

Equipment Replacement

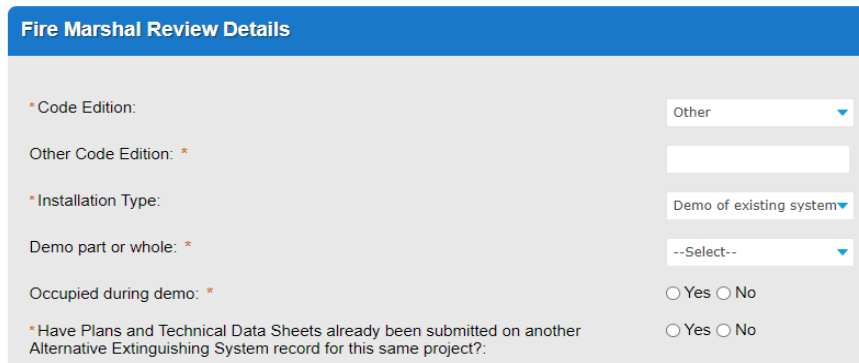
Equipment being replaced: *

* Have Plans and Technical Data Sheets already been submitted on another Alternative Extinguishing System record for this same project?:

☐ Yes ☐ No



Display for Installation Type = Modification to existing system, and One-for-one device



The form is titled "Fire Marshal Review Details" in a blue header. It contains several fields with asterisks indicating required information:

- * Code Edition: A dropdown menu with "Other" selected.
- Other Code Edition: A text input field.
- * Installation Type: A dropdown menu with "Demo of existing system" selected.
- Demo part or whole: A dropdown menu with "--Select--" selected.
- Occupied during demo: Radio buttons for "Yes" and "No".
- * Have Plans and Technical Data Sheets already been submitted on another Alternative Extinguishing System record for this same project?: Radio buttons for "Yes" and "No".

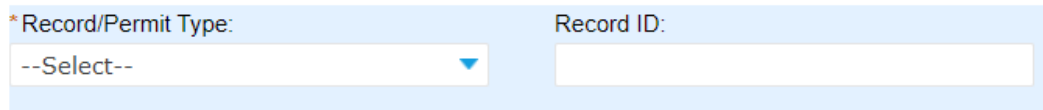
replacement.

Display for Installation Type = Demo of existing system

- d. Click **Continue Application**
- e. **Parent and Related Records Entry** page is required if visible because any of the following questions were answered as Y earlier in the application. Click **Add a Row** to populate, then **Submit**. Click **Continue Application** after population.
 - i. "Is there a Building Parent or Mechanical Related Permit?"
 - ii. "Is there a Code Modification requested or approved for this permit?"
 - iii. "Have Plans and Technical Data Sheets already been submitted on another Alternative Extinguishing System record for this same project?"

PARENT AND RELATED RECORDS

Provide the Building parent record and any related Building and/or Fire records to your project.

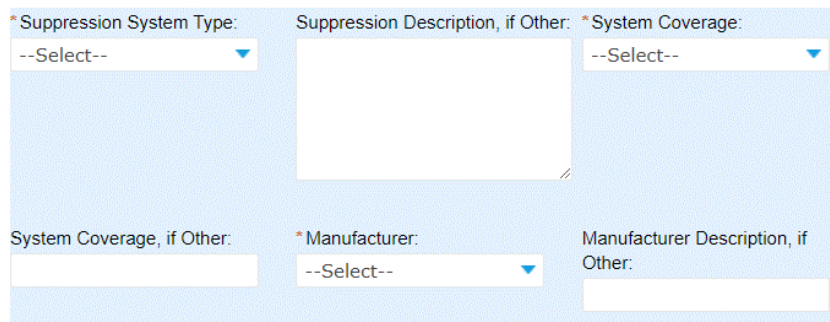


The form has a light blue background and contains two main fields:

- * Record/Permit Type: A dropdown menu with "--Select--" selected.
- Record ID: A text input field.

- f. **Alternative Suppression** page is required for all applications. Click **Add a Row** to populate, then **Submit**. Click **Continue Application** after population.

ALTERNATIVE SUPPRESSION SYSTEM



The form has a light blue background and contains several fields:

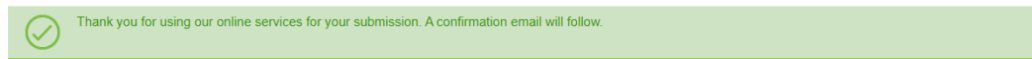
- * Suppression System Type: A dropdown menu with "--Select--" selected.
- Suppression Description, if Other: A large text input area.
- * System Coverage: A dropdown menu with "--Select--" selected.
- System Coverage, if Other: A text input field.
- * Manufacturer: A dropdown menu with "--Select--" selected.
- Manufacturer Description, if Other: A text input field.

12. On Step 4: Review, review the application details, then click **Continue Application**.



13. A confirmation screen will verify that your application was submitted, and a record number will be displayed.
- Sprinkler System and Standpipe System records may have a “mask” applied to the record to identify the review type more easily by the name alone.

Confirmation



FALTY-DRYC-2022-00060 **Upload Plans and Documents** [Copy Record](#)

Review Type	RULES
Fire	
Alternative Fire Extinguishing Systems: Aerosol	FALTY-AERO - (ASIT Alternative Suppression System, ASI Suppression System Type = Aerosol (NFPA 2010))
Alternative Fire Extinguishing Systems: Water	FALTY-MIST - (ASIT Alternative Suppression System, ASI Suppression System Type = Automatic Water Mist (NFPA 750))
Alternative Fire Extinguishing Systems: Carbon	FALTY-CO2 - (ASIT Alternative Suppression System, ASI Suppression System Type = Carbon Dioxide (NFPA 12))
Alternative Fire Extinguishing Systems: Clean-	FALTY-CLAG - (ASIT Alternative Suppression System, ASI Suppression System Type = Clean-Agent (NFPA 2001))
Alternative Fire Extinguishing Systems: Dry-	FALTY-DRYC - (ASIT Alternative Suppression System, ASI Suppression System Type = Dry-Chemical (NFPA 17))
Alternative Fire Extinguishing Systems: Foam	FALTY-FOAM - (ASIT Alternative Suppression System, ASI Suppression System Type = Foam (NFPA 11 & 16))
Alternative Fire Extinguishing Systems: Halon	FALTY-HALO - (ASIT Alternative Suppression System, ASI Suppression System Type = Halon (NFPA 12A))
Alternative Fire Extinguishing Systems: Wet-	FALTY-WETC - (ASIT Alternative Suppression System, ASI Suppression System Type = Wet-Chemical (NFPA 17A))
Alternative Fire Extinguishing Systems: Other	FALTY (No Mask) - (ASIT Alternative Suppression System, ASI Suppression System Type = Other)

14. A Received” notification will be sent to all contacts on the record.

Dear :

Your Alternative Fire Extinguishing Systems, , has been received.

Please visit the [Citizen Portal](#) to upload plans and supporting documents. The application will not be reviewed until plans and supporting documents have been submitted.

Please visit the [PLUS Support](#) for step-by-step instruction on completing your submission.

If you have any questions, please call the Revenue & Records Branch at 703-246-4803 between the hours of 7:30 a.m. and 3:30 p.m. Monday - Friday with the exception of all County observed holidays. If you prefer, you can email us at fire.revenuepermits@fairfaxcounty.gov.

Thank you,

Revenue & Records Branch
703-246-4803
7:30 am - 3:30 pm
fire.revenuepermits@fairfaxcounty.gov
Office of the Fire Marshal

*** This is an automatically generated email. Please do not reply.***

15. Click **Upload Plans and Documents** to open the Digital Plan Room.

16. Fill out Step 1: Information/Information

- Enter **General**. Optional. Required documents will be displayed. (These vary based on intake selections.)
- Click **Continue**.

General

Review Plan Cycle # 1

Description: ?

Enter a description of the plans or documents you are uploading...

Requirements

- Plans**
This document is required.
- Technical Data Sheets**
This document is required.

Continue

17. Fill out Step 2: File Processing/Add & Process Files.

- Upload required documents and select a document type. Click **Upload and Validate**.



Step 2: Add & Process Files

Browse or drag and drop the desired files to upload. Once all files are added, the **Upload and Validate** button is displayed. Click on it to validate the files and add them to your review package. When all of the desired files are uploaded and validated, click the **Process Files** button to prepare your files for review.

Note: Please do not combine plans and documents of various types into a single PDF document.


Drag and drop files here
or
Browse

Drawing_220330104.pdf

Plans

Description...

X

Product Data_6-8_221580089_approved.pdf

Technical Data Sheets

Description...

X

Upload and Validate

Requirements

 **Plans**

This document is required.

 **Technical Data Sheets**

This document is required.

- b. After files are Status = Validated, click **Process Files**.

Files						
Name	Description	Type	Status	Uploaded By	Uploaded Date	Signature
Drawing_220330104.pdf		Plans	 VALIDATED	Denise Harman	9/14/2022	 
Product Data_6-8_221580089_approved.pdf		Technical Data Sheets	 VALIDATED	Denise Harman	9/14/2022	 

Process Files

- c. When the files are Status = Processed, click **Continue**.

Files						
Name	Description	Type	Status	Uploaded By	Uploaded Date	Signature
Drawing_220330104.pdf		Plans	 PROCESSED	Denise Harman	9/14/2022	 
Product Data_6-8_221580089_approved.pdf		Technical Data Sheets	 PROCESSED	Denise Harman	9/14/2022	 

Your files have been processed, you can proceed now to verify your sheets.

Continue

18. Fill out Step 3: Sheet Versioning/Version Plan Sheets.

- a. Enter sheet number, if applicable.
- b. Click **Continue**.

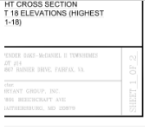
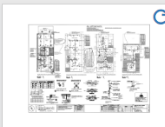
Step 3: Version Plan Sheets

Displayed below are the sheets extracted from files in this review package. Please review the sheet numbers that automatically populated for each title block to ensure they are correct and match the plan page. If any title block is missing the corresponding sheet number, you will need to manually enter that number. You can save your work and come back later if needed, or click **Continue** when you are done.

Sheets

Showing a total of 2 sheets

☐ Show only error sheets

Title Block	Thumbnail	Sheet number and title
		I-18 Sheet title (optional)  Drawing_220330104.pdf (Page 1)
		CT0R Sheet title (optional)  Drawing_220330104.pdf (Page 2)

Save and resume later

Continue



19. On Step 4: Review/Review, review the package details, then click **Finish**.

Step 4:Review

Please review the information below and ensure you have uploaded all of the plans and documents for this review cycle. Click the **Edit** buttons to make any needed changes or to upload any remaining documents.
Once you click **Finish**, your review cycle will begin and additional documents cannot be uploaded until after the review cycle has been completed.

Finish

20. A confirmation screen will verify that your review package has been received. Additionally, a “Plans and Documents received” notification will be sent to all contacts on the record.

 **Success.**
Your review package has been received.

Digital Plan Room
Record: FALTV-DRYC-2022-00060
Address:
Status: **SUBMITTED**

Record Details	Summary	Uploads	Issues	Conditions	Notes	Approved
----------------	---------	---------	--------	------------	-------	----------

Review Package Details
Name: Review Plan Cycle # 1
Description:
Status: Submitted
Date created: 9/23/2022, 7:37:33 AM
Date submitted: 9/23/2022, 7:49:08 AM

*If you have any questions, please contact the Revenue and Records Branch either by phone, 703-246-4803 or by email Fire.revenuepermits@fairfaxcounty.gov.

