



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

Revenue & Records Branch  
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[www.fairfaxcounty.gov/fr/prevention/](http://www.fairfaxcounty.gov/fr/prevention/)



# ALL-NIGHT GRAD / AFTER-PROM

## Public Safety Plan Review & Billing Information

### EVENT LOCATION INFORMATION

School / Organization Name: \_\_\_\_\_

Party/Event Date: \_\_\_\_\_ Estimated Number of Attendees: \_\_\_\_\_

Party/Event Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Owner Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### RESPONSIBLE PARTY *(Responsible for All Payments)*

Responsible Party Name: \_\_\_\_\_  
*Typically the Party or Event Chairperson*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### PLAN SUBMITTAL CHECKLIST

( \_\_\_\_\_ ) Three (3) copies of a completed **Written Emergency Plan**

( \_\_\_\_\_ ) Three (3) copies of a completed **Facility Layout Plan**

( \_\_\_\_\_ ) Certificates of Flame-Retardant Treatment for Decorative Materials *(When Applicable)*

**\*\* Form must be completely filled out or plan will not be processed \*\***