



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

10700 Page Avenue, Fairfax, VA 22030
Telephone: 703-246-4803, TTY 711, Fax: 703-246-6044
www.fairfaxcounty.gov/fr/prevention/



FPCP APPLICATION

APPLICATION FOR FIRE PREVENTION CODE PERMIT (FPCP)

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

Detailed permit descriptions and fees are outlined in the FPCP Requirements guideline located at www.fairfaxcounty.gov/fr/prevention/fpcp_codelist.pdf. Call 703-246-4803 for assistance.

Application for a Fire Prevention Code Permit is hereby made by the undersigned for the following:

FPCP DESCRIPTION	FPCP FEE	FIDO CODE
Open Flame and Candles: Restaurants and Drinking Establishments, Assembly and Dining Areas	\$150	F3FLM1

Include the following with this permit application:

- Submit a representative sample of each type of open flame decorative device or candle requiring approval under this permit application. Photographs or drawings will not be accepted as substitute for a sample.
- Include the manufactures' instructions, safety guidelines, device specification sheets, and Safety Data Sheets (SDS) where provided along with this application.

NOTICE: Absent these documents, the Office of the Fire Marshal can only make a subjective evaluation on the safety and adequacy of a particular sample with respect to compliance with the Fire Prevention Code; therefore, approval may not be possible without the above information and an appropriate sample device.

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

Total Amount Due: **\$150**

Business / Headquarters: _____

Billing Address: _____
Zip Code

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

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: _____

OFFICE USE ONLY: Account Number: _____ Expiration Date: _____

NEW ADD-ON Inspector: _____ Follow-Up Date: _____