



Accessory Dwelling Unit (Accessory Living Unit) Fire Alarm Installation Certification



Permit Application Center
Fairfax County Land Development Services
12055 Government Center Parkway, Suite 230, Fairfax, VA 22035
Phone: 703-222-0801, TTY 711

This form, to be completed by the property owner or the owner's agent, is for the purpose of recordation of work in lieu of an inspection by Fairfax County under an accessory dwelling unit (accessory living unit) permit. Upon completion of the installation of the fire alarm, return this form to the Permit Application Center via email at LDSBuildingPermits@fairfaxcounty.gov; failure to do so will result in permit expiration without record of work.

General Information

Address of structure: _____

Description of work: _____

Owner Information

Name: _____

Address: _____

Phone: _____

Household Fire Alarm Information

ALU permit number: _____

Completion date of fire alarm installation: _____

- The fire alarm system has two sources of power, consisting of hard-wired and battery back-up power.
- The control panel for the system is located where both the occupant(s) of the ADU/ALU and the occupant(s) of the primary dwelling have access to the panel.
- Any device failure will be indicated by a trouble signal.
- Alarm signals are transmitted to a remote monitoring location, which is constantly attended.

Name of monitoring company: _____

- A monthly test is programmed in the alarm system to test the communication means.

I certify that the above information is true and correct and that the fire alarm installation is monitored and installed in accordance with the requirements of the *Uniform Statewide Building Code* and *NFPA 72, National Fire Alarm and Signaling Code*.

Signature of owner or owner's agent: _____ Date: _____

Printed name: _____ Title: _____