



FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT

FIRE PREVENTION DIVISION

Revenue & Records Branch

10700 Page Avenue

Fairfax, Virginia 22030

Phone: 703-246-4803 Fax: 703-246-4872

Fire Marshal Use Only:

Account Number: _____

Permit(s) Expire: _____

APPLICATION FOR FIRE PREVENTION CODE PERMIT (FPCP)

Specific FPCP descriptions, fees, and types are outlined in the "[FPCP and Filing Fee Requirements](#)" guideline located at www.fairfaxcounty.gov/fr/prevention/. If you need assistance with this application, please call us at 703-246-4803.

Application for a Fire Prevention Code Permit (FPCP) is hereby made by the undersigned for the following process, installation, storage, occupancy or use:

<u>FPCP DESCRIPTION</u>	<u>FPCP FEE</u>	<u>FPCP TYPE</u>
Open Flame & Candles: Public Meeting/Gatherings in A & E Use Groups (Each Event)	\$65	F3FLM2

***** APPROVAL OF OPEN-FLAME DEVICES REQUIRED *****

IMPORTANT! - Submit a representative sample of each of type of open-flame decorative device requiring approval under this permit application.

Photographs or drawing will not be accepted as substitute for a sample. Also provide manufactures' instructions, safety guidelines, device specification sheets, and Material Safety Data Sheets (MSDS) where provided.

NOTE: 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 requirements of the Fire Prevention Code.

Total Amount Due: \$65

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

Business / Headquarters: _____

Billing Address: _____
Zip Code

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

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: _____

NOTICE: ALL INFORMATION MUST BE PROVIDED BEFORE THIS APPLICATION WILL BE PROCESSED