



FIRE PROTECTION SYSTEM PERMIT APPLICATION

Department of Community Development and Code Compliance
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OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

PROJECT INFORMATION	WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		
	CHECK ONE: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER		
	TYPE OF SYSTEM TO BE INSTALLED/ ALTERED / REPAIRED		
	<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> FIRE PROTECTION UNDERGROUND	<input type="checkbox"/> AUTOMATIC SPRINKLER SYSTEM
	<input type="checkbox"/> HOOD SUPPRESSION SYSTEM	<input type="checkbox"/> FIRE PUMP INSTALLATION	<input type="checkbox"/> SPECIAL HAZARD SYSTEM
	<input type="checkbox"/> CLEAN AGENT SYSTEM	<input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> OTHER
	PLEASE PROVIDE A DETAILED DESCRIPTION OF THE FIRE PROTECTION SYSTEM WORK TO BE COMPLETED:		
	JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):		PARCEL ID #:
	BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):		
	WHAT IS THE ESTIMATED COST OF FIRE SYSTEM WORK (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE		ESTIMATED COST: \$
RESIDENTIAL NEW CONSTRUCTION ONLY (PROVIDE SQUARE FOOTAGE)			
FINISHED SQUARE FOOTAGE:		UNFIN. SQUARE FOOTAGE:	
COMMERCIAL PERMITS ONLY (PROVIDE USE GROUP/CONST. TYPE/OCCUPANT LOAD)			
OCCUPANCY CLASS OR USE GROUP:	CONSTRUCTION TYPE:	OCCUPANT LOAD:	
PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED			
OWNER'S NAME:		PHONE #:	
PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED			
CONTRACTOR NAME:		DPOR LICENSE #:	
CONTRACTOR ADDRESS:		CONTRACTOR PHONE #:	
PRIMARY CONTACT FOR CORRESPONDENCE (NAME):	EMAIL:	PHONE #:	

APPLICANT	LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW		
	CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT		
	OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THE "APPLICANT" AND "OWNER" SECTIONS		
	OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT		
APPLICANT SIGNATURE:		APPLICANT NAME (PLEASE PRINT):	DATE:

OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: E YES E NO E NR	PLANS/SPECS SUBMITTED: E YES E NO E NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: E YES E NO	PROFFER AMT. PAID: \$	E CASH E CC E CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	E PHONE E EMAIL E OTHER:	DATE:
PERMIT ISSUED BY:	E MAIL E EMAIL E PICKED UP BY:	DATE: