



CITY OF ALEXANDRIA
 CODE ENFORCEMENT BUREAU
 301 KING STREET, SUITE 4200
 ALEXANDRIA, VIRGINIA 22314
 (703)838-4360 FAX (703)838-3880

**FIRE PROTECTION SYSTEM
 APPLICATION**

IMPORTANT - Applicant must complete all items

Shaded boxes are FOR OFFICIAL USE ONLY

Permit Number	1. Project Name	Master Permit
2. Project Address (Include Unit # or Floor #)		3. Date Applied
4. Owner	5. Phone Numbers Home: _____ Work: _____ Fax: _____ Cell/Mobile: _____	
6. Owners Mailing Address (if different from Project Address)		

7. Work Done By (Check One) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	9. Phone: _____
8. Contractor Name	Fax: _____
10. Business Address	11. Master's Name Number _____
12. State Contractor License Number Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	13. Alexandria Business License Nr Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No

14. Description of Proposed System

15. Use Group	16. Construction Type	17. Occupancy Load
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18. Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other	19. Estimated Cost \$
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20. Fire Suppression Systems <table style="width: 100%;"> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Quantity</th> </tr> <tr><td>Wet Sprinkler Systems</td><td>_____</td></tr> <tr><td>Dry Sprinkler Systems</td><td>_____</td></tr> <tr><td>Praction Systems</td><td>_____</td></tr> <tr><td>Deluge Systems</td><td>_____</td></tr> <tr><td>Total Sprinkler Heads</td><td>_____</td></tr> <tr><td>Standpipe Systems</td><td>_____</td></tr> <tr><td>Fire Pumps</td><td>_____</td></tr> <tr><td>CO2</td><td>_____</td></tr> <tr><td>FM-200</td><td>_____</td></tr> <tr><td>Wet Chemical</td><td>_____</td></tr> <tr><td>Dry Chemical</td><td>_____</td></tr> <tr><td>Intergen</td><td>_____</td></tr> <tr><td>Halogenated</td><td>_____</td></tr> </table>	Description	Quantity	Wet Sprinkler Systems	_____	Dry Sprinkler Systems	_____	Praction Systems	_____	Deluge Systems	_____	Total Sprinkler Heads	_____	Standpipe Systems	_____	Fire Pumps	_____	CO2	_____	FM-200	_____	Wet Chemical	_____	Dry Chemical	_____	Intergen	_____	Halogenated	_____	<table style="width: 100%;"> <tr> <td>Fire Hydrants _____</td> <td>22. Control Systems</td> </tr> <tr> <td>Fire Mains _____</td> <td><table style="width: 100%;"> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Quantity</th> </tr> <tr><td>Access Control Devices</td><td>_____</td></tr> <tr><td>Magnetic Door Holders</td><td>_____</td></tr> <tr><td>Smoke Control</td><td>_____</td></tr> </table> </td> </tr> </table>	Fire Hydrants _____	22. Control Systems	Fire Mains _____	<table style="width: 100%;"> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Quantity</th> </tr> <tr><td>Access Control Devices</td><td>_____</td></tr> <tr><td>Magnetic Door Holders</td><td>_____</td></tr> <tr><td>Smoke Control</td><td>_____</td></tr> </table>	Description	Quantity	Access Control Devices	_____	Magnetic Door Holders	_____	Smoke Control	_____
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<p style="text-align: center;">AFFIDAVIT</p> <p>I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the construction depicted on the drawings are in accordance with all applicable regulations in the Uniform Statewide Building Code and all applicable ordinances.</p> <p>_____ Signature of Owner or Authorized Agent</p> <p>_____ Printed Name of Person Applying for Review</p>	APPROVALS		PERMIT FEES
	Engineer		Total \$ _____
	Date Approved		Deposit Received \$ _____
	Engineering Aides	Rec'd By:	Dep. Date: _____
		Issued By:	Balance Due \$ _____
Drawings Attached? [] Yes [] No		Notes:	