

Application for Fire Protection System Permit

CITY OF VIRGINIA BEACH · PERMITS AND INSPECTIONS
 2875 Sabre Street, Suite 500 · Virginia Beach, VA 23452 · (757) 385-8769
 FAX (757) 385-5777 · www.vbgov.com/buildingpermits

Date: _____ Associated Permit #: _____

A permit is hereby requested for the following construction at:

Street Address: _____ Lot #/Suite #: _____
 GPIN: _____
 Owner/Occupant Name: _____ Owner Phone #: _____
 Email Address: _____ Cell Phone #: _____

Contractor

Company Name: _____ State Registration #: _____
 Address: _____ Phone: _____ FAX: _____
 Email Address: _____ Cell Phone: _____

Contract Value: \$	Equipment: <input type="checkbox"/> New	Replacement	Addition	Alteration
Sprinkler Type:	<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13D	<input type="checkbox"/> NFPA 13R	<input type="checkbox"/> None Required

Building Type:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Existing	<input type="checkbox"/> Moved	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Building Construction Type(s):	Use Group(s):					

	Quantity
Access Control	
Automatic Alarm	
Backflow RPZ	
BF Standalone RPZ	
Clean Agent System	
Dry Chemical	
Dry Sprinkler System	
Electric Fire Pump	
Elevator Recall	

	Quantity
Engine Fire Pump	
Fire Alarm Alteration	
Fire Dept. Connection	
Hydrant	
In-bldg Emer. Comm. Coverage	
In-bldg Riser 5' Out	
Local Application	
Manual Alarm	
Monitored Fire Alarm	

	Quantity
Monitored Waterflow	
Post Indicator Valve	
Pre-Action System	
Sprinkler Alteration	
Sprinkler IRC	
Standpipe System	
Underground Main	
Wet Chemical System	
Wet Sprinkler System	

Additional Information: _____

Master Tradesman/Owner Name (Please Print): _____ Master Tradesman/Owner Signature: _____

I understand this permit is granted only for the work shown and described in this Application.
 Any falsification, misrepresentation, or misleading information given **VOIDS** this permit.

Applicant's Name (Please Print): _____ Applicant's Signature: _____

For office use only:

Plan Review Receipt Number: _____

Fire Permit Number: _____

Related Project Number: _____

Approved by: _____ **Date:** _____