



CITY OF MANASSAS, VIRGINIA
 OFFICE OF THE FIRE MARSHAL
 9027 CENTER STREET
 MANASSAS, VIRGINIA 20110
 703-257-8278 Fax 703-257-5831
 firemarshal@ci.manassas.va.us

FIRE PROTECTION SYSTEM PERMIT APPLICATION

PERMIT #		DATE:	
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TOTAL ESTIMATED JOB VALUE:	\$	← MUST BE INCLUDED
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Project Name:		Installer:	
Address:		Address:	
		Telephone:	
Owner:		Tenant:	
Address:		Address:	
		Telephone:	
Design Engineer:		Plans and Specs Attached: [] Yes [] No	
Address:			
		PERMIT FEE DUE: \$	
Telephone:			

CHECK ALL BOXES THAT APPLY:

FIRE SUPPRESSION SYSTEMS:

- | | |
|---|---|
| <input type="checkbox"/> WET SPRINKLER SYSTEM | <input type="checkbox"/> UNDERGROUND FIRE LINE |
| <input type="checkbox"/> DRY SPRINKLER SYSTEM | <input type="checkbox"/> FIRE HYDRANT |
| <input type="checkbox"/> PRE-ACTION SYSTEM | <input type="checkbox"/> POST INDICATOR VALVE |
| <input type="checkbox"/> DELUGE SYSTEM | <input type="checkbox"/> FD SIAMESE CONNECTION |
| <input type="checkbox"/> FOAM SYSTEM | <input type="checkbox"/> STANDPIPE, RISER, HOSE STATION |
| <input type="checkbox"/> CLEAN AGENT SUPPRESSION SYSTEM | <input type="checkbox"/> FIRE PUMP |
| <input type="checkbox"/> KITCHEN HOOD SYSTEM | <input type="checkbox"/> EQUIPMENT CUT SHEETS |
| <input type="checkbox"/> PAINT SPRAY BOOTH | <input type="checkbox"/> FD RAPID ENTRY BOX |

FIRE ALARM SYSTEMS:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> HORNS AND STROBES | <input type="checkbox"/> PULL BOXES | <input type="checkbox"/> FIRE ALARM ANNUNCIATOR PANEL |
| <input type="checkbox"/> SMOKE DETECTORS | <input type="checkbox"/> VESDA | <input type="checkbox"/> FIRE ALARM CONTROL PANEL |
| <input type="checkbox"/> HEAT DETECTORS | | <input type="checkbox"/> DACT |
| <input type="checkbox"/> FLOW SWITCH | | <input type="checkbox"/> BATTERY CALCS |
| <input type="checkbox"/> TAMPER SWITCH | | <input type="checkbox"/> ELEVATOR FIREFIGHTER'S SERVICE |
| <input type="checkbox"/> PRESSURE SWITCH | | <input type="checkbox"/> MAGNETIC DOOR LOCKS |

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT AND THAT USE AND INSTALLATION SHALL CONFORM TO ALL APPLICABLE LAWS AND REGULATIONS AND DOES NOT VALIDATE DEED OR LEASE. I AM ACTING AS AGENT OF ___ OWNER ___ LESSEE ___ OTHER.

TEL. NO. _____ PRINT NAME: _____ SIGNATURE _____

PLANS ARE: APPROVED [] APPROVED AS NOTED [] REJECTED []
BY: _____ TITLE: _____ DATE: _____
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