



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:		Telephone:	
Design Engineer:		Plans and Specs Attached: [] Yes [] No	
Address:			
		PERMIT FEE DUE:	\$
Telephone:			

CHECK ALL BOXES THAT APPLY:

FIRE SUPPRESSION SYSTEMS:

- WET SPRINKLER SYSTEM
- DRY SPRINKLER SYSTEM
- PRE-ACTION SYSTEM
- DELUGE SYSTEM
- FOAM SYSTEM
- CLEAN AGENT SUPPRESSION SYSTEM
- KITCHEN HOOD SYSTEM
- PAINT SPRAY BOOTH

- UNDERGROUND FIRE LINE
- FIRE HYDRANT
- POST INDICATOR VALVE
- FD SIAMESE CONNECTION
- STANDPIPE, RISER, HOSE STATION
- FIRE PUMP
- EQUIPMENT CUT SHEETS
- FD RAPID ENTRY BOX

FIRE ALARM SYSTEMS:

- HORNS AND STROBES
- SMOKE DETECTORS
- HEAT DETECTORS
- FLOW SWITCH
- TAMPER SWITCH
- PRESSURE SWITCH

- PULL BOXES
- VESDA

- FIRE ALARM ANNUNCIATOR PANEL
- FIRE ALARM CONTROL PANEL
- DACT
- BATTERY CALCS
- ELEVATOR FIREFIGHTER'S SERVICE
- 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: