



Building Inspection Division  
 409 S Main Street  
 Harrisonburg VA 22801-7531  
 Tel: 540-432-7700 Fax: 540-432-7777

**FIRE SUPPRESSION SYSTEM PERMIT**

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

**Work:**

Contracted by  Performed by  Supervised by

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

**TYPE OF WORK BEING DONE**

New  Replace  Alteration  Additions

Backflow Preventers  Fire Sprinkler Heads

**Location of Work:**

\_\_\_\_\_

(House No. and Street Name)

Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Date Received: \_\_\_\_\_

Application Received By: \_\_\_\_\_

Permit No: \_\_\_\_\_

Master Building Permit No: \_\_\_\_\_

Contractor's DPOR Registration Number: \_\_\_\_\_

License Class: \_\_\_\_\_

Harrisonburg Business License Number: \_\_\_\_\_

\_\_\_\_\_ VCC \_\_\_\_\_ VRC \_\_\_\_\_ VREHABC Code Cycle \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

**Brief Description and Remarks:**

**Estimated Total Value of Construction (including materials and labor): \$** \_\_\_\_\_

Fee: \$ \_\_\_\_\_ State Levy: \$ \_\_\_\_\_

**Total Fee: \$** \_\_\_\_\_

I hereby certify that this proposed work will be done with the owner's consent and I acknowledge that I have read this application and the statements herein and agree that the work will be done as stated.

**Applicant Signature:** \_\_\_\_\_

**Building Division Signature:**

\_\_\_\_\_

**Date Permit Issued:** \_\_\_\_\_