

Date: _____

FIRE PROTECTION PERMIT APPLICATION

Application #: _____

(Sprinklers – Suppression – Detection – Alarms)

Associated _____

Permit # FP _____

City of Newport News

Building Permit #: _____

Department of Codes Compliance

Permit Fee: _____

2400 Washington Avenue 3rd floor, Newport News, Virginia 23607

757-933-2311/757-926-8311 (fax) /codesclerical@nnva.gov(email)

www.nnva.gov/codes-compliance

Project Address: _____ Unit: _____ Parcel ID: _____

Applicant (Check One) → Owner Contractor Agent Design Professional

<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant	Applicant Name _____	Phone # _____
Name _____		Applicant Address _____	
Address _____		Contractor Business Name _____	Phone # _____
City/State/Zip _____		Contractor Address _____	
Phone # _____	Fax # _____	Contractor State License # _____	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Email Address _____		Email/Other Contact Information _____	CID # _____

Work to be performed on:

Type of work:

Residential

New

Repair/Alt

Commercial

Addition

Other

Multi-Family

Project Cost \$ _____

I agree to perform the proposed work in conformance with the Virginia Uniform Statewide Building Code and the ordinances and regulations of the City of Newport News.

Print name _____ Signature _____ Date _____

Remarks _____

QUANTITY & TYPE OF DEVICES/EQUIPMENT

_____ Sprinkler Alteration	_____ Standpipe Dry	_____ Underground Fire Main	_____ Dry Chemical System	_____ Access Control
_____ Wet Sprinkler System	_____ Fire Pump	_____ In Building Riser 5'out	_____ Wet Chemical System	_____ Monitored Fire Alarm
_____ Dry Sprinkler System	_____ Total Flooding System	_____ FDC	_____ Clean Agent System	_____ Fire Alarm Alteration
_____ Pre-Action System	_____ Water Flow Monitor	Other _____		_____ Manual Fire Alarm System
_____ Standpipe Wet	_____ Backflow Device			_____ Automatic Fire Alarm System

Office Use Only

Remarks: _____

Cash: _____ Check: _____ Escrow: _____

Customer ID #: _____

Approved By: _____ Date: _____

Cashier: _____