



DEPARTMENT OF PLANNING AND DEVELOPMENT REVIEW
 BUREAU OF PERMITS AND INSPECTION
 ROOM 110 CITY HALL
 900 E. BROAD STREET
 RICHMOND, VIRGINIA 23219
 PHONE (804) 646-4169
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SPRINKLER PERMIT APPLICATION

PERMIT NO. **K**

PROJECT NO. **B**

TRACK 1

THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION TO START ANY WORK. NO WORK SHALL START UNTIL A PERMIT IS POSTED ON THE JOB SITE.

CONTRACTOR/OWNER INFORMATION

1 JOB/PROPERTY ADDRESS (STREET & NUMBER) _____ 2 FLOOR/ROOM NO. _____

3 CONTRACTOR NAME _____ 4 LICENSE TYPE _____ 5 CLASS A B C 6 STATE LICENSE NO. _____

7 CONTRACTOR STREET ADDRESS _____ 8 CONTRACTOR TELEPHONE NO. / EMAIL ADDRESS _____

9 CITY _____ STATE _____ ZIP CODE _____ 10 CONTRACTOR FAX NO. _____

11 PROPERTY OWNER NAME _____ 12 PROPERTY OWNER ADDRESS/ZIP _____ 13 OWNER DAYTIME TELEPHONE NO. _____

BUILDING INFORMATION

14 DESCRIBE CURRENT STRUCTURE USE _____ 15 DESCRIBE PROPOSED STRUCTURE USE _____

OFFICE USE ONLY	16 NEW ACCESSORY BLDG. ACC <input type="checkbox"/>	17 ADDITION ADD <input type="checkbox"/>	18 RESIDENTIAL GARAGE AD1 <input type="checkbox"/>	19 RESIDENTIAL DECK AD2 <input type="checkbox"/>	20 OPEN PORCH AD3 <input type="checkbox"/>	21 ENCLOSED PORCH AD4 <input type="checkbox"/>	22 ALTER/REMODEL LIGHT AL1 <input type="checkbox"/>
	23 ALTER/REMODEL HEAVY AL2 <input type="checkbox"/>	24 DEMOLITION DEM <input type="checkbox"/>	25 TENANT FITUP FUP <input type="checkbox"/>	26 FOUNDATION ONLY FOU <input type="checkbox"/>	27 NEW BUILDING NB <input type="checkbox"/>	28 MOVING/RELOCATION REL <input type="checkbox"/>	29 REPAIR/REPLACEMENT REP <input type="checkbox"/>

30 IF 1 OR 2 FAMILY ATTACHED 1 FAMILY 2 FAMILY DETACHED 1 FAMILY 2 FAMILY

31 IF MULTIFAMILY, NUMBER OF UNITS PER STRUCTURE _____

32 CHECK ONE (IF APPLICABLE) 1. LODGING HOUSE 2. NURSING HOME 3. ADULT CARE RESIDENCE

COST INFO

33 TOTAL VALUE OF CONTRACT INCLUDING MATERIAL, LABOR, SUBCONTRACTS OVERHEAD AND PROFIT _____ \$

WORK DESCRIPTION

34 DESCRIBE SCOPE OF WORK _____

CONTACT INFORMATION

35 CONTACT PERSON _____ 36 CONTACT PHONE NO. _____ 37 CONTACT FAX NO. _____

38 CONTACT ADDRESS _____ ZIP CODE _____ 39 EMAIL _____

40 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? YES NO NAME _____ PHONE NO. _____

41 ENGINEER NAME _____ 42 ENGINEER PHONE NO. _____ 43 ENGINEER FAX NO. _____ 44 EMAIL _____

45 AREA SERVED BY PERMIT WORK _____ SQ. FT. _____

CHECK ALL THAT APPLY BELOW

TYPE OF WORK TO BE DONE	UNDERGROUND FIRE LINE SERVICE				INTERIOR SYSTEM INFORMATION			
	SIZE	PVC	DI	COPPER	SYSTEM TYPES	YES	NO	QTY
2"					Wet			
3"					Dry			
4"					Wet and Dry			
6"					Deluge			
8"					Preaction			
10"					Limited Area			
12"					System Monitored?			
	BACKFLOW	QUANTITIES			Piping Material			
	SIZE	RPZ	DOUBLE CHECK	HYDRANTS	Steel			
2"					CPVC			
3"					Copper			
4"					New System?			
6"					Existing System?			
8"					No. Standpipes			
10"					Class 1, 2 or 3?			
12"								

OWNERS AFFIDAVIT

I HEREBY AFFIRM THAT UNDER THE PROVISIONS OF TITLE 54.1-1101 OF THE CODE OF VIRGINIA, I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR. BY THIS AFFIDAVIT I ASSUME FULL RESPONSIBILITY FOR COMPLETION OF THE PROPOSED WORK IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND LAW. I ALSO UNDERSTAND IT IS A VIOLATION OF STATE LAW TO KNOWINGLY HIRE AN UNLICENSED CONTRACTOR.

PRINTED NAME _____ SIGNATURE _____ DATE _____

ASBESTOS CERTIFICATION

A | _____ (NAME OF APPLICANT) B CERTIFY THAT THE BUILDING AT _____ (ADDRESSES, FLOOR OR SUITE)

HAS BEEN INSPECTED OR MEETS THE EXCEPTIONS OF SECTION 110.3, THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. THE ASBESTOS ABATEMENT WILL BE DONE AS PER REQUIREMENT OF THE "CLEAN AIR ACT" NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) AND OSHA "STANDARDS FOR CONSTRUCTION WORKERS".

C SIGNATURE _____

OFFICE USE ONLY

ARTS DISTRICT YES NO HISTORICAL DISTRICT YES NO VIOLATION ON PROPERTY YES NO DELINQUENT TAXES DUE? YES NO ICC TYPE OF CONSTRUCTION _____

EXISTING USE GROUP _____ PROPOSED USE GROUP _____ FEE CALC. TYPE S U B C PERMIT FEE _____ FEE RECEIVED _____ RECEIPT NO. _____ CASH CHECK CREDIT CARD

IS PROPERTY IN 100 YR FLOOD PLAIN? YES NO FLOOD ELEV. _____ SITE ELEV. _____ CHESAPEAKE BAY PROTECTION AREA? YES NO CHESAPEAKE BAY MANAGEMENT AREA? YES NO

APPLICATION APPROVED BY _____ DATE _____ APPLICATION DISAPPROVED BY _____ DATE _____

A COPY OF YOUR STATE CONTRACTOR'S LICENSE AND BUSINESS LICENSE MUST BE ON FILE BEFORE A PERMIT WILL BE ISSUED.

BY SUBMITTING THIS APPLICATION, I CERTIFY I AM IN COMPLIANCE WITH THE CODE OF VIRGINIA, SECTION 54.1-1100 ET SEQ; RULES AND REGULATIONS OF THE VIRGINIA BOARD OF CONTRACTORS AND CHAPTER 14, CODE OF THE CITY OF RICHMOND.

FEE SCHEDULE • BASED ON VALUE OF CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.

VALUE OF WORK INCLUDES LABOR, MATERIALS, SUBCONTRACTS, OVERHEAD AND PROFIT. THE FEE IS BASED ON CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.	RESIDENTIAL ONLY - 1 & 2 FAMILY		COMMERCIAL ONLY	
	VALUE OF WORK	PERMIT FEE	VALUE OF WORK	PERMIT FEE
	\$0 - \$2000	\$63.00	\$0 - \$2000	\$131.00
OVER \$2000	\$63.00*	OVER \$2000	\$131.00*	

*Add \$6.07 per thousand or fraction thereof for residential construction.
*Add a 2% state surcharge to the final calculated fee.
*Add \$8.50 per thousand or fraction thereof for commercial construction.
*Add a 2% state surcharge to the final calculated fee.

USE GROUP CODES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	A1A	THEATER/STAGE	B5	FIRE STATION	H5	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B6	FUNERAL HOME	I1	GROUP HOMES 17 OR MORE	R1M	MOTEL
	A2A	NIGHTCLUB	B7	LAUNDRY	I2A	INSTITUTIONAL INCAPACITATED	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B8	MEDICAL OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B9	OFFICE	I3	DETENTION FACILITY	R2C	LODGING HOUSES
	A3C	LIBRARY	B10	BUSINESS - OTHER	I4	ADULT CARE FACILITY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	E1	EDUCATION/SCHOOL 1 TO 12	I4B	CHILD CARE >5 CHILDREN <2.5 YRS	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E2	DAYCARE OVER 2 1/2 YEARS	MU	MIXED USE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M1	RETAIL CONVENIENCE STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M2	RETAIL DEPARTMENT STORE	R5D	TWO FAMILY DETACHED UNDER 4 STORIES	
B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M3	RETAIL SUPERMARKET	R4A	ASSISTED LIVING 5 TO 16 PEOPLE	
B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	M4	RETAIL STORE	S1	STORAGE MODERATE HAZARD	
B3	BANK	H3	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S2	STORAGE LOW HAZARD	
B4	CAR WASH	H4	HIGH HAZARD	R1H	HOTEL	U	TEMPORARY/MISC	

INSTRUCTIONS ON FILLING OUT AN SPRINKLER PERMIT APPLICATION

At the top right hand corner of the application is a capital M. This is the space where your permit number will be written after you have paid for the permit. There is also a capital B, this is where you will write any building permit number that is associated with the mechanical permit application.

- Box #1** - Fill in the number & street address where the work is being done.
- Box #2** - This is to be used on multi-story commercial and multi-family residential projects. It can be left blank on single family and duplex permit applications.
- Box #3** - Fill in the name of the contractor doing the work or your name if you are the owner/tenant and are applying for the permit as the owner/tenant.
- Box #4** - Fill in the classification that is on your contractor's license such as HVA, SPR, etc.
- Box #5** - Check the class of license located on your contractor's license.
- Box #6** - Fill in state board of contractor's license number. It will always begin with 2701 or 2705 and be followed by six digits. Do NOT use a license number that begins with 2710 as this is a tradesman card number and does not allow you to apply for a permit.
- Box #7** - Fill in the contractor's street address.
- Box #8** - Fill in the contractor's telephone number.
- Box #9** - Fill in the contractor's city, state and zip code.
- Box #10** - Fill in the contractor's fax number.
- Box #11** - Fill in the name of the property owner.
- Box #12** - Fill in the property owner's address.
- Box #13** - Fill in the property owner's daytime phone number.
- Box #14** - Fill in the current use of the property such as restaurant, single family dwelling, duplex, etc.
- Box #15** - Fill in the proposed use of the property such as restaurant, office, duplex, etc.
- Boxes #16 through #29** - Office use only.
- Box #30** - Fill in when dealing with single family houses and duplexes. Note the

- detached and attached designation. If the house stands alone and does not touch the house on either side, it is detached.
- Box #31** - Fill in the number of apartment units in the building.
- Box #32** - Check the appropriate box, if applicable.
- Box #33 - COST INFORMATION** - Fill in the cost of all labor, materials, overhead, subcontracts and profit. This may be used to determine how much you pay in permit fees.
- Box #34** - Give a brief description of the work to be done.
- Box #35** - Fill in the name of the person to contact if there are questions about the application or drawings.
- Box #36** - Fill in the contact person's phone number.
- Box #37** - Fill in the contact person's fax number.
- Box #38** - Fill in the contact person's complete address.
- Box #39** - Fill in the contact person's e-mail, if available.
- Box #40** - Check whether or not you would like to be called to pick up the permit. If you check "yes", fill in your name and phone number.
- Box #41** - If submitting drawings done by an engineer please fill in their name here.
- Box #42** - Fill in the Engineer's phone number.
- Box #43** - Fill in the Engineer's fax number.
- Box #44** - Fill in the Engineer's e-mail address.
- Box #45 Area served by permit work** - The square footage of the building that a mechanical system will serve.

- Sprinkler** - Is water based suppression systems.
- TYPE OF WORK TO BE DONE** -
- Underground fire line service
- Size - total length of pipe in feet
- Material - check one
- Back flow
- Size - check one
- Type - check one
- Hydrants - total number to be installed
- Interior system information
- Check type and total number of systems to be installed
- Piping material - check type to be installed
- New system - check yes or no
- Existing system - check yes or no
- No. of Standpipes - insert total number in qty. box
- Class 1, 2 or 3 list type in open box
- Box #A, B & C** - Fill out the asbestos certification with the Applicant's name, property address and signature, if renovating an existing commercial structure. (This section is not applicable to residential structures of 4 units or less.)

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA.