

CITY OF HARRISONBURG

Department of Community Development
Building Inspection Division
409 South Main Street, P. O. Box 20031
Harrisonburg, Virginia 22801-7531

Telephone No. 540-432-7700 Fax No. 540-432-7777

Permit No.: _____

State Registration No.: _____

City Business License No.: _____

Tracking No.: _____

FIRE SUPPRESSION SYSTEM PERMIT

VCC: ___ VRC: ___ VREHABC: ___ EDITION: ___

Present Use: _____

Proposed Use: _____

Owner: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Contracted By: ___ Performed By: ___ Supervised By: ___

Contractor: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

BRIEF DESCRIPTION AND REMARKS:

TYPE OF WORK BEING DONE

New: _____ Replace: _____

Alteration: ___ Addition: _____

Backflow Preventers: _____

Fire Sprinkler Heads: _____

Parcel Address: _____

Tax Parcel ID – Sheet: _____ Lot: _____ Block: _____

DATE RECEIVED: _____

RECEIVED BY: _____

Date Permit Issued: _____

Building Division Signature: _____

Estimated Total Value of Construction Including
Value of Materials and Labor:

\$ _____

Permit Fee: \$ _____

State Levy: \$ _____ (2% of fee)

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 hereon and agree that the work will be done as stated.

Owner/Lessee: _____

Date: _____

Agent: _____