



**County of Fauquier  
Department of Fire, Rescue & Emergency Management**

**Office of the Fire Marshal**

78 W. Lee St., Suite 101

Warrenton, VA. 20186

Phone (540) 347-6995 Fax (540) 347-6999



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**Date of Application:** \_\_\_\_\_

**APPLICATION FOR FIRE PREVENTION CODE PERMITS/INSPECTION**

**Check permit requested**

- Open Air Burning  Blasting  Daycare  Private Fireworks Display  Public Fireworks Display  
 Storage of Explosives  Storage of Fireworks

This application is hereby submitted by the undersigned with the understanding that all conditions, surroundings and arrangements are to be in accordance with the Statewide Fire Prevention Code and/or the County Open Air Burning Ordinance.

**Applicant** (Please print or type)

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Relation to permit request:**

- Property Owner  Contractor

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Location of permit request:** \_\_\_\_\_

**Directions if no 911 address:** \_\_\_\_\_

\_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Start Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Revoked: \_\_\_\_\_ End Date: \_\_\_\_\_

**Special Conditions:**

\_\_\_\_\_

\_\_\_\_\_

I hereby accept full responsibility for the adherence to all requirements of the Virginia Statewide Fire Prevention Code and/or the Fauquier County Open Burning Ordinance pertaining to the above application.

Signature: \_\_\_\_\_