



DEPARTMENT OF COMMUNITY DEVELOPMENT  
 BUREAU OF PERMITS AND INSPECTION  
 ROOM 110 CITY HALL  
 900 E. BROAD STREET  
 RICHMOND, VIRGINIA 23219  
 PHONE (804) 646-6955  
 FAX (804) 646-1569

# SPRINKLER PERMIT APPLICATION

PERMIT NO. **K**

PROJECT NO. **B**



**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. \_\_\_\_\_

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 \_\_\_\_\_

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**

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"							

**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**

HISTORICAL DISTRICT  YES  NO VIOLATION ON PROPERTY  YES  NO TAX REHAB. NO. \_\_\_\_\_ ICC TYPE OF CONSTRUCTION \_\_\_\_\_

DELINQUENT TAXES DUE?  YES  NO AMOUNT OWED \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_

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 \$6.064 per thousand or fraction thereof for residential construction.  
\*Add \$8.489 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	B4	CAR WASH	H3	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B5	FIRE STATION	H4	HIGH HAZARD	R1M	MOTEL
	A2A	NIGHTCLUB	B6	FUNERAL HOME	H5	HIGH HAZARD	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B7	LAUNDRY	I1	GROUP HOMES 6 OR MORE	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B8	MEDICAL OFFICE	I2A	INSTITUTIONAL INCAPACITATED	R2C	LODGING HOUSES
	A3C	LIBRARY	B9	OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	B10	BUSINESS - OTHER	MU	MIXED USE	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E1	EDUCATION/SCHOOL 1 TO 12	M1	RETAIL CONVENIENCE STORE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3G	RESTAURANT FAST FOOD	E2	DAYCARE OVER 2 1/2 YEARS	M2	RETAIL DEPARTMENT STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M3	RETAIL SUPERMARKET	R5D	TWO FAMILY DETACHED UNDER 4 STORIES	
A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M4	RETAIL STORE	R4A	ASSISTED LIVING 5 TO 16 PEOPLE	
B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S1	STORAGE MODERATE HAZARD	
B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	R1H	HOTEL	S2	STORAGE LOW HAZARD	
B3	BANK					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.**