



FIRE RESCUE

ALBEMARLE COUNTY



460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489
Voice: 434-296-5833 FAX: 434-972-4123

www.ACFireRescue.org

FIRE PREVENTION PERMIT APPLICATION - General

APPLICANT/BUSINESS NAME: _____

CONTACT NAME (If Different): _____

EMAIL: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

DAYTIME TELEPHONE: _____ AFTERHOURSTELEPHONE: _____

MOBILE TELEPHONE: _____

PROPERTY OWNER NAME: _____

EMAIL: _____

TELEPHONE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TYPE OF PERMIT ACTIVITY (Open Flame/Candle, Tank Removal, etc.): _____

LOCATION OF THE ACTIVITY (Physical Address): _____

TAXMAP/PARCEL #: _____

Directions to site if needed: _____

STATEMENT OF RESPONSIBILITY

I hereby acknowledge that the information contained herein, and declare that it be true and correct, to the best of my knowledge and belief. Further, I am the owner/operator, or a duly authorized agent, acting on behalf of the owner, for all activities at the above referenced property or location. As such, I hereby agree to comply fully with all requirements in the *Albemarle County Fire Prevention Code* governing the operation I wish to conduct. If there has been any false statement or misrepresentation as to the material fact in the application, data, or plans on which the permit or approval was based, the Fire Official may revoke this permit.

APPLICANT/OWNER/AGENT SIGNATURE

DATE

OFFICE USE: Fee: _____ Check: _____ Credit Card: _____ Cash: _____ Receipt: _____