



# County of Fauquier Department of Fire, Rescue and Emergency Management

Office of the Fire Marshal  
30 John Marshall Street  
Warrenton, Virginia 20186  
Phone (540) 422-8800 Fax (540) 422-8813  
<http://www.fauquierfirerescue.org>



**Darren L. Stevens**  
Fire Rescue Chief/Fire Marshal  
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## APPLICATION FOR FIRE PREVENTION CODE PERMITS/INSPECTION

Date of Application \_\_\_\_\_

### Check Type of Permit Requested:

- Open Air Burning
- Blasting
- Daycare
- Private Fireworks Display
- Public Fireworks Display
- Storage of Explosives
- Storage of Fireworks
- Mobile Food Prep Vehicle

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)  Property Owner  Contractor  Other \_\_\_\_\_

Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ VIN \_\_\_\_\_ Email \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Address of Permit Request** \_\_\_\_\_  
**Directions if no 911 Address** \_\_\_\_\_

Inspection Date \_\_\_\_\_ Inspector \_\_\_\_\_ Start Date \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Revoked \_\_\_\_\_ End Date \_\_\_\_\_

**Special Conditions/Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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** \_\_\_\_\_ **Print** \_\_\_\_\_