



CITY OF MANASSAS PARK

Department of Fire & Rescue

Station (703) 335-8845 • Fax (703) 335-8846
9080 Manassas Drive • Manassas Park, Virginia 20111

*Robert Gilmer
Fire Marshal*

FIRE PREVENTION PERMIT APPLICATION – General

APPLICANT/BUSINESS NAME: _____
CONTACT NAME (If Different): _____
EMAIL: MAILING ADDRESS: _____
CITY, STATE & ZIP: _____
DAYTIME TELEPHONE: _____
AFTERHOURS TELEPHONE: _____
MOBILE TELEPHONE: _____
PROPERTY OWNER NAME: _____
EMAIL: _____
TELEPHONE: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____

Check number: _____ Amount Paid: _____ Invoice Number: _____

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

LOCATION OF THE ACTIVITY (Physical Address):

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 Virginia Statewide Fire Prevention Code and the City of Manassas Park 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