

**Rockingham County Department Of Fire and Rescue**  
**Fire Marshal's Office**  
20 East Gay Street, Suite A  
Harrisonburg, Virginia 22802  
Office: (540) 564-3175 Fax: (540) 437-0596  
Email: [firemarshalsoffice@rockinghamcountyva.gov](mailto:firemarshalsoffice@rockinghamcountyva.gov)



## Fire Prevention Permit and Inspection Application

**A Legible Permit and Inspection Application Must Be Submitted At Least Thirty Days Prior To The First Day Of The Month The Current Fire Prevention Permit and/or Inspection Expires.**

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

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

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Applicant's E-Mail: \_\_\_\_\_

### **Fire Prevention Permits And Inspections Are Required For The Following:**

**Please check all that apply and fill out the corresponding numbered section:**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> 1) Assisted Living Facilities           | 1) # of Persons Licensed For: _____ |
| <input type="checkbox"/> 2) Hospitals or Nursing Homes           | 2) Number of Beds: _____            |
| <input type="checkbox"/> 3) Nightclub                            | 3) Occupant Load: _____             |
| <input type="checkbox"/> 4) Adult or Child Daycares & Preschools | 4) # of Persons Licensed For: _____ |

The Rockingham County Fire Prevention Code Requires All Assisted Living Facilities, Hospitals, Nursing Homes, and Adult or Child Daycares and Preschools To Have An Emergency Action Plan That Is Reviewed And Approved By The Fire Marshal's Office Annually.

When The Applicant Submits This Application To The Fire Marshal's Office Via The Above Email, Include A Digital Copy Of The Current Emergency Action Plan As An Additional Attachment. A Representative From The Fire Marshal's Office Will Review And Approve Or Provide Areas Of Improvement To The Applicant. Once The Emergency Action Plan Has Been Approved, The Applicant Will Receive An Approval Letter From The Fire Marshal's Office. An Electronic Copy Will Be Kept By The Fire Marshal's Office In A Secure Location In The Event The Plan Is Needed During An Emergency. Any Emergency Action Plan Updates Between Annual Reviews Shall Be Communicated To The Fire Marshal's Office.

I Acknowledge The Information Contained Within This Application Is True And Accurate And That I Must Adhere To The Requirements Of The Rockingham County Fire Prevention Code and Applicable Standards.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_