



Facilities Administration Building Code Services
 4400 University Drive - MSN 1E4
 Fairfax, VA 22030-4444
 Tele: 703-993-2520 / Fax: 703-993-2524
 e-mail: <https://facilities.gmu.edu/services/permits/>

PROJECT PERMIT APPLICATION

Permit No: _____ Issued: _____

Status: _____ Expires: _____

PROJECT INFORMATION *(to be completed by requester)*

Project Name: _____

Project / Work Order No: _____ Campus: _____

Building Name: _____

Building Address: _____

Floor (s): _____ Room(s) / Location: _____

Description of work to be performed: _____

CHECK ALL THAT APPLY: Fire Alarm Fire Suppression Land Disturbance
 Building Structural Asbestos / Lead
 MEP Security ITU

Building Code Edition: _____ Building Code Parts: _____

Accessibility Standards: _____

Building Construction Type: _____ Use Group(s): _____

Occupant Load: _____

Area of Work in Sq Ft: _____ Fire Suppression Type: _____

Fire Detection & Alarm: _____ Security: _____

Project Start Date: _____ Project Completion Date: _____

Estimated Project Construction Cost at Planning Phase: _____

Construction Cost: _____

SHOP DRAWING APPROVALS (to be completed by BCS)

Fire Suppression: _____

Fire Detection & Alarm: _____

Security: _____

*** OTHER (to be completed by requester)**

Mason Design Manager: _____ Telephone: _____ Email: _____

Mason Const Manager: _____ Telephone: _____ Email: _____

Architect / Engineer: _____ Telephone: _____ Email: _____

Architect Principal's License Number: _____

Mason Project Inspector: _____ Telephone: _____ Email: _____

General Contractor: _____ Telephone: _____ Email: _____

General Contractor DPOR License No: _____ DPOR Expiration Date: _____

Date of Plans and Specifications: _____ Last Addendum Issued: _____

SECTION BELOW TO BE COMPLETED BY BUILDING CODE SERVICE PERSONNEL

INSPECTIONS: (code inspection will be performed by BCS Office in conjunction with the inspection teams)

Required Inspections:	_____ State Fire Marshal	_____ Concrete / Soils	_____ Wall
	_____ Mason EHS	_____ Structural	_____ Floor
	_____ Mason IT	_____ Mechanical	_____ Fire Alarm
	_____ Fairfax Health	_____ Electrical	_____ Sprinkler
	_____ Fire Suppression	_____ Plumbing	_____ Security
	_____ Final	_____ Ceiling	_____ Egress
	_____ Other: _____		

Special Inspections: _____

GENERAL CONDITIONS

1. All work shall be installed and inspected pursuant to the requirements set forth by, VUSBC, ASAD, CPSM, Manufacturer Installation Instructions and Mason Design Manual.
2. Contractor shall maintain all egress pathways clear of obstructions, and provide protective barriers preventing occupant access into the construction work zone.

GENERAL CONDITIONS – Cont'd

- 3. Contractor shall coordinate through Mason for any or all shutdowns of any utilities or building Life Safety systems.
- 4. Contractor shall coordinate with Mason EH&S concerning "Hot Work" requirements and permits and fire watch procedures.

BUILDING CODE SERVICE ACTION

Project Documents (plans, specifications & addenda) described above are approved for construction except:

- 1. Erosion and Sediment Control plans and Storm Water Management plans shall be approved by Mason Land Development permit office. Please go to <https://facilities.gmu.edu/services/permits/> for more information.
- 2. The Project Manager shall contact BCS at permits@gmu.edu or in person a minimum of five (5) days before the required open wall, above ceiling and substantial completion inspections in accordance with CPSM. The Project Manager will provide e-mail verification that the BCS inspection report comments have been resolved along with project permit closeout application.
- 3. Demolition and/or any land disturbing activities within the construction limits shall conform to all federal, state, and local regulations for notices, safety, erosion and sediment control, environmental quality, and disposal and materials.

NO OTHER CHANGES to the above Work required pursuant to the VUSBC or CPSM shall be made without the written approval of the Building Code Services.

The contractor may, without additional building permit, locate necessary office, storage and sanitary facilities on the jobsite during the construction period at locations suitable to the Owner provided such facilities are properly and safely installed, anchored, and maintained per applicable codes and standards.

Permit Authority Representative Name: _____

Signature: _____