



CITY OF MANASSAS
DEPARTMENT OF COMMUNITY DEVELOPMENT
DEVELOPMENT SERVICES DIVISION

9027 Center Street, Room 201, Manassas, VA 20110

P.O. Box 560 Manassas, VA 20108

Phone: 703-257-8278 ♦ Fax: 703-257-5831 ♦ Email: permitstatus@ci.manassas.va.us

PLAN SUBMITTAL COVER SHEET

FORM MUST BE COMPLETED AND PRINTED CLEARLY. YOUR PLAN CAN BE REJECTED FOR MISSING OR UNREADABLE INFORMATION. ALL PLANS MUST BE STAPLES AND BE IN ORDER.

Permit/Application Number:			
Date:			
Name of Project:			
Address of Project:			
Name of Submitter:			
Telephone:		FAX:	
Email:			

Check All That Applies To The Plans:

Type of Plan:	<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire
	<input type="checkbox"/> Re-Submittal with Corrections	<input type="checkbox"/> Revision to Existing Permit			
Description of Revision and/or Note to Reviewer:					

Building Fire Protection Systems (check if required):

Type of Construction:		Use Group:	
Square Feet:		Change of Use Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire sprinkler system:		Fire pump
	Fire detection system:		Smoke control
	Fire alarm system:		Other

DO NOT WRITE BELOW THIS LINE/TO BE COMPLETED BY CITY STAFF ONLY

Date of Approval:	Approved by:
Number of Sheets Included:	Cost of Revision:
Check Fee Paid Prior To Review	<input type="checkbox"/> Yes <input type="checkbox"/> No