



**FIRE SUPPRESSION PROGRAM LOAN APPLICATION
CI ZONING AREA/DOWNTOWN HISTORIC DISTRICT,
LEXINGTON VA**

CITY OF LEXINGTON
300 EAST WASHINGTON STREET
LEXINGTON, VIRGINIA 24450
(540) 462-3700 FAX (540) 463-5310

Date: _____ Parcel# _____ Property: _____

Property Address: _____

Owner:

Address: _____

Phone: _____ Email: _____

Applicant's Name:

Address: _____

Phone: _____ Email: _____

**Description of proposed additional uses of upper floors {Office Use, Residential (Apartments or
Condos), Retail}.**

Estimated Cost of Fire Suppression System: _____

Estimated Completion Date of Installation: _____

Proposed system Provider/Installer: _____

Provider/Installer Contact Name: _____

Address: _____

Phone: _____ **Email:** _____

Applicant requested at least three proposals from experienced installers? Yes No

Documents Attached Check List:

Document:	Applicant Submitted:	City Confirmation:
Building Permit	<input type="checkbox"/>	<input type="checkbox"/>
Building Official Approval	<input type="checkbox"/>	<input type="checkbox"/>
Fire Marshall Approval	<input type="checkbox"/>	<input type="checkbox"/>

Owner's Signature _____ Date _____

Applicant's Signature _____ Date _____

Date Received in Finance Office _____ Approved EDA (Chair/Vice Chair) _____

Amount Approved _____ Approved Director, Finance _____