



Roanoke Fire-EMS
 Fire Marshal Office
 713 Third Street Sw
 Roanoke, VA 24016
 540-853-2795

www.roanokeva.gov/firemarshal
 fire.marshall@roanokeva.gov

Permit Application # 2009.8 Fumigation and Fogging Permit

To be completed by the Permit Applicant

| Fumigation Contractor's Information | | | | |
|--|--------|----------------------|------------------------------|--|
| Date: | / / | | | |
| Business Name: | | | | |
| Address: | Street | City | State | Zip |
| Contact Name: | | | | |
| Phone: | () | Alternate Phone/Cell | () | |
| E-mail Address: | | | | |
| City of Roanoke Business License #: | | | | |
| Job Site Location | | | | |
| Address: | Street | | | |
| Fumigator Information | | | | |
| Fumigator Name: | | | | |
| Address: | Street | City | State | Zip |
| Phone: | () | Alternate Phone/Cell | () | |
| Email Address: | | | | |
| Certification Number: | | | Expiration Date: | / / |
| Certifications: | | | | |
| Property Owner Information | | | | |
| Owner Name: | | | | |
| Address: | Street | City | State | Zip |
| Phone: | () | Alternate Phone/Cell | () | |
| Email Address: | | | | |
| Job Site Information | | | | |
| Parcel Type: | | | | Work Type: |
| <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____ | | | | <input type="checkbox"/> Fumigation <input type="checkbox"/> Fogging <input type="checkbox"/> Other: _____ |
| Square footage Structure: | | | Number of stories or height: | |
| Type of gas to be used: | | | | |
| Start Date: | / / | End Date: | | / / |
| Description of work: | | | | |



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| Insurance Information | | | |
|--|--------------------|-----------------|-------------------|
| Name of Insurer: | | Expiry Date: | |
| Policy Number: | | | |
| Amount of Coverage | Property \$: | | Bodily Injury \$: |
| A bond or insurance policy in the amount of not less than \$1,000,000 is required. | | | |
| I hereby certify that I have read and examined this application and that all of the information contained therein is true and correct. Furthermore, I certify that the proposed operations will fully comply with the requirements contained in The Virginia Statewide Fire Prevention Code and any other related laws and /or Codes. I agree to indemnify, save harmless, and defend the City of Roanoke, its agents and employees, from all claims, damages, costs, expenses, and charges, including attorney's fees, which arise out of or by reason of these operations. | | | |
| Signature: | | Date: | / / |
| Please include a check payable to the City of Roanoke. | | | |
| Approved By: | | Date: | |
| Denied: _____ | Reason for Denial: | | |
| Comments: | | | |
| Permit Number: | Permit Fee: | Date Received: | |
| Payment: | | Receipt Number: | |
| | | | |

2009.8 Fumigation and Fogging Permit

CODE SECTION: (2009 Virginia Statewide Fire Prevention Code): 1701.2

SCOPE: An operational permit is required to operate a business of fumigation or thermal insecticidal fogging and to maintain a room, vault or chamber in which a toxic or flammable fumigant is used.

FEE: \$5.00 (Check payable to the City of Roanoke)

PERMIT Duration: Per event

Application period: Application must be received 7 days prior to event

REQUIREMENTS: Permit holder agrees to abide by the Virginia Statewide Fire Prevention Code and any special stipulations noted on permit, as well as the following:

Permit is valid for dates shown on application. The City of Roanoke Fire-EMS Fire Marshal Office must be contacted prior to fumigation if the date changes for any reason.

- Permit is valid only for the address and/or described location specified on the application.
- All fumigation's and pesticide applications must be performed in accordance with Federal, State and Local regulations, codes and ordinances.
- All chemicals used in the fumigation process shall be of an approved type.



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- A Material Safety Data Sheet (MSDS) for each chemical used in the process and a copy of the applicator's State License must be on file with the City of Roanoke Fire-EMS.
- Where a flammable gas is used for fumigation, a responsible adult shall be on the premises from the beginning of the operation until all ventilation is completed. The responsible party shall perform the function of watchman and shall have means of communication in case of emergency at all times.
- All persons involved in the business of fumigation or thermal insecticidal fogging shall maintain and have available approved protective equipment and breathing apparatus.
- All warnings provided by the manufacturer of the products used shall be followed and all potential ignition hazards shall be eliminated prior to use.
- Warning signs shall be posted on each side of the structure being fumigated, not more than seventy-five feet apart and one at each entrance, bearing the "skull and crossbones emblem" with the words Danger, Poison Gas, Keep Out and designating the name of the fumigant, fumigator's name, address and phone number.
- This application may be received via fax or in person and must be signed by a person authorized by licensee.
- Failure to comply with all regulations may result in the issuance of citations by the City of Roanoke.