



**Community Planning & Economic Development Services**  
 Zoning and Building Safety Divisions  
 300 Park Avenue, Suite 103E, Falls Church, VA 22046  
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214  
 permits@fallschurchva.gov www.fallschurchva.gov

# AMUSEMENT RIDES APPLICATION

**PERMIT NO.** \_\_\_\_\_

## ADDRESS OF PROPERTY

Street Address **Falls Church, VA** Zip Code \_\_\_\_\_

## COMPANY RESPONSIBLE FOR RIDES

Name \_\_\_\_\_ Phone  H  O  C \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PROPERTY OWNER

Name \_\_\_\_\_ Phone  H  O  C \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## REQUIREMENTS

Applications for amusement rides must include **information sheets on the rides** and **proof of liability insurance** naming the company applying for this permit. Insurance must be at least \$1,000,000 per occurrence.

## EVENT INFORMATION

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_  
 Description of Event: \_\_\_\_\_  
 Inspections: *(select one only)*  
 Rides will be set up during City business hours and may be inspected then. \$25.00/ride  
 Rides will be inspected by a licensed third-party inspector and results provided to the City. \$6.25/ride  
 City is requested to inspect outside business hours. \$37.50/ride

List of Rides: *(if there are more than six, attach sheets as needed)*  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

## SIGNATURE

**Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.**

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_  
 Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Submission:** E-mail this application, any other required documents, and plans to [permits@fallschurchva.gov](mailto:permits@fallschurchva.gov). Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.



The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703-248-5080 (TTY 711).

## OFFICIAL USE ONLY

Approved as compliant with VUSBC			Approved as compliant with Chapter 48 of the Zoning Code			
_____ <i>John Russell, Building Official</i>			_____ <i>John C. Boyle, Zoning Administrator</i>			
_____ <i>Date</i>			_____ <i>Date</i>			
# of Rides	<input type="checkbox"/> Inspected during bus. Hours	Ride Total	Tech Fee	Admin Fee	2% Levy	Total Fee
	<input type="checkbox"/> Inspected by third party					
	<input type="checkbox"/> Inspected after hours	\$	\$	\$	\$	\$