COMMERCIAL CONSTRUCTION PERMIT APPLICATION

CITY OF ALEXANDRIA, VIRGINIA

DEPARTMENT OF CODE ADMINISTRATION

301 King Street , Suite 4200
Alexandria, Virginia 22314
Phone: 703.746.4200 Fax: 703.838.3880
Website: alexandriava.gov/Code E-mail: permitcenter@alexandriava.gov

PLEASE VISIT OUR ONLINE PERMIT CENTER: https://permits.alexandriava.gov

STAFF USE ONLY

Building Permit# **BLD**_____

Deposit Received _____

Permit Fee _____

Date Issued _____

GENERAL INFORMATION

DATE APPLIED _____

PROJECT NAME_____

PROJECT ADDRESS_____

_____

FLOOR / SUITE _____

OWNER

NAME_____

ADDRESS_____

_____

PHONE_____ FAX _____

E-MAIL_____

APPLICANT / CONTRACTOR

Work will be performed by: ☐ OWNER ☐ CONTRACTOR

NAME_____

ADDRESS_____

_____

PHONE_____ FAX _____

E-MAIL_____

VA LICENSE #_____

BUSINESS LICENSE #_____

CLASS ☐ A ☐ B ☐ C RECIPROCITY? ☐ YES ☐ NO

MECHANIC'S LIEN AGENT? ☐ Non Designated ☐ Yes, specify Agent:

_____

PROJECT INFORMATION

TYPE OF WORK

☐ INTERIOR ☐ EXTERIOR ☐ NEW ☐ ALTERATION

PROJECT DESCRIPTION (check all appropriate boxes)

☐ Health Dept. ☐ Structural/Building ☐ Electrical

☐ Plumbing ☐ Mechanical ☐ Fuel Gas

_____

_____

_____

_____

_____

_____

CONSTRUCTION CODE(S) / YEAR_____

CONSTRUCTION TYPE(S): ☐ I___ ☐ II___ ☐ III___ ☐ IV ☐ V___

OCCUPANCY(S): ☐ A__ ☐ B ☐ E ☐ F__ ☐ H__ ☐ I__

☐ M ☐ R__

No. Residential Units: Existing:_____ Proposed:_____

Number of Building Stories: _____ Building Height: _____

Building Area:

Gross_____ft² Altered_____ft² New_____ft²

ESTIMATED PROJECT COST (including overhead & profit)

$_____

SPECIFIC PROJECT DATA

HEALTH DEPARTMENT

FACILITY TYPE: ☐ Food ☐ Mobile Food Unit ☐ Pool ☐ Spa

☐ Hotel ☐ Bed & Breakfast ☐ Personal Grooming ☐ Massage

FIRE PROTECTION SYSTEMS

Automatic Sprinklers? ☐ Yes ☐ No

If "Yes", specify: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ Limited Area

Fire Alarm? ☐ Not Required ☐ No ☐ Yes

If "Yes", specify: ☐ Existing ☐ Altered ☐ Proposed

Standpipes? ☐ Not Required ☐ No ☐ Yes

If "Yes", specify: ☐ Existing ☐ Altered ☐ Proposed

Other Fire Protection Systems? ☐ No ☐ Yes

If "Yes", specify system type(s):

_____

_____

CHANGE OF OCCUPANCY / USE

Change of Occupancy? ☐ No ☐ Yes

If "Yes", specify: From _____ To _____

Mixed Use building? ☐ No ☐ Yes

If "Yes", specify: ☐ Separated ☐ Non-Separated

ACCESSIBILITY OF BUILDING

☐ Exempt ☐ Fully ☐ Partial

If "Partial", Complete & Submit An 'Alteration Cost of Accessibility Certificate' Form.

MODIFICATION REQUEST

☐ No ☐ Yes-SPECIFY MODIFICATION NUMBER:

_____

STAFF USE ONLY | **Received By:** | **Issued By:**