

**CITY OF ALEXANDRIA**  
**CODE ENFORCEMENT BUREAU**  
 301 KING STREET, SUITE 4200  
 ALEXANDRIA, VIRGINIA 22314  
 (703) 838-4360 FAX (703) 838-3880

**RESIDENTIAL RENTAL PERMIT APPLICATION**

**IMPORTANT** - Applicant to complete **ALL** applicable items

**Shaded boxes are FOR OFFICIAL USE ONLY**

<b>Permit Number</b>		<b>Application Date</b>			
1. Name of Complex - if Applicable:					
2. Address/s of Building/s and Number of Bedrooms: (continue list on an additional application if needed)					
a.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
b.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
c.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
d.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
e.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
f.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
g.	Efficiency	1Bdrm	2 Bdrm	3 Bdrm	4Bdrm 5 Bdrm
3.Total # of Buildings:		4.Total # of Units:		5. Alexandria Business License #:	6. SUP # - If applicable

**Please record information as you would like to appear on the issued permit:**

7. Owner's Name: \_\_\_\_\_ Trading As: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_ Internet Address: \_\_\_\_\_

8. Owner's Agent/Property Manager Information (if different from owner) Check Box if Same As Owner   
 Name: \_\_\_\_\_ Day/Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Internet Address: \_\_\_\_\_ Preferred method of contact?  Phone  Fax  E-mail

9. 24 hour Emergency Contact Persons - please list in contact order  
 1. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
 3. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

10. For Multi-family (R-2) Structures - does each building have a **Fire Suppression System** - No G Yes G **Fire Alarm System** - No G Yes G  
**Standpipe** - No G Yes G **Elevator** - No G Yes G- Number \_\_\_\_\_ **Emergency Generator** - No G Yes G - Number \_\_\_\_\_  
**Underground Storage Tanks** - No G Yes G - Number \_\_\_\_\_ **Current Boiler Inspection** - No G Yes G **Current FPPs** - No G Yes G

<p><b>AFFIDAVIT</b>          I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.</p> <p>_____          Signature of Owner or Authorized Agent</p> <p>_____          Printed Name of Person</p> <p>Cell# _____ Work Number _____</p>	<b>APPROVALS</b>		<b>PERMIT FEES</b>	
	Receiving Eng Aide	Date Rec'd:	<b>TOTAL \$</b>	
	Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Paid:	
	Assigned FM or FI	Date Rec'd: Inspection Date:		
Date Entered Program:				