



Residential Rental Inspection Data Form

**CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF CODE ADMINISTRATION**

301 King Street, Suite 4200, Alexandria, Virginia 22314 (Phone) 703.746.4200 (FAX) 703.838.3880
(web) alexandriava.gov/code (email) permit.center@alexandriava.gov
***Please visit our Online Permit Center at <https://permits.alexandriava.gov>*

APPLICATION NUMBER:

NAME OF COMPLEX: - (if applicable)

List Addresses of Buildings on next page if not already shown on the attached listing.

Owner's Name:

Trading As:

Mailing Address:

Owner's Agent/Property Manager Information (if different from owner)

Check Box if Same as Owner

Owner's Agent:

Emergency Contact Persons-Please list in contact order:

Name _____ Phone: _____

Title _____

Approvals: To Be Completed By Staff)

Date Received: _____ Attachments No ___ Yes ___

Inspection Date: _____ Date Entered Program: _____

Fee Total: \$ _____ Date Paid _____

Units Inspected: _____

