



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

**REVISION APPLICATION**

**IMPORTANT - Applicant to complete ALL applicable items. Shaded boxes are FOR OFFICIAL USE ONLY.**

Permit Number	Revision Number	1. Project Name	
2. Project Address		Floor/Suite Number	3. Date Applied
4. Owner's Name	5. Phone Number	6. Applicants Name	7. Phone Number
8. Contact Person's Name (if different from owner or applicant)		9. Phone/Pager Number	10. FAX Number

11. Brief Description of **and** Reason for Revision - including page number of plans  
**NOTE: ALL REVISIONS MUST BE DENOTED ON DRAWINGS BY CLOUDING, RED MARKING OR SEPARATE SHEET(S)**

12. a. Revisions submitted for Plans in the Review Process (**check all that apply**):

- New Commercial or Residential       Structural    Plumbing    Electrical    Mechanical    Fire Protection
- Multi-Family Construction - New or Altered    Structural    Plumbing    Electrical    Mechanical    Fire Protection
- Commercial or Residential Alterations       Structural    Plumbing    Electrical    Mechanical    Fire Protection

b. Amendments submitted for Issued Plans (**check all that apply**):

- New Commercial or Residential       Structural    Plumbing    Electrical    Mechanical    Fire Protection
- Multi-Family Construction - New or Altered    Structural    Plumbing    Electrical    Mechanical    Fire Protection
- Commercial or Residential Alterations       Structural    Plumbing    Electrical    Mechanical    Fire Protection

**\*As of 2/25/2006 - Fees for Revisions & Amendments are \$100 per trade discipline for New Construction; \$50 per trade discipline for Alterations**

13. Modification Required? <input type="checkbox"/> No <input type="checkbox"/> Yes - Code Section:	14. Has this revision/amendment been submitted before? <input type="checkbox"/> No <input type="checkbox"/> Yes - #
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15. a. Name of person who made the revision _____	17. Cost - Increase/Decrease
b. Is this person the <input type="checkbox"/> owner; <input type="checkbox"/> contractor; <input type="checkbox"/> architect; <input type="checkbox"/> engineer; <input type="checkbox"/> other design professional	\$

16. a. Has revision(s) been approved by original design professional? <input type="checkbox"/> No <input type="checkbox"/> Yes	18. Permit Fee
b. Has revision(s) been reviewed & certified by Engineer of Record? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$

Engineering Aide	Date Rec'd	Reviewing Engineer	Date Approved	Date Released	Released To
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