City of Alexandria's Code Consultation Request Form

To offer our customers the best service possible, we offer multiple time slots throughout the week to provide a courtesy code compliance analysis for your future project. The results of a code consultation are not official or binding, as it is not a part of the permit process.



A code consultation covers topics related to:

- Architectural and systems design during the preliminary/schematic design phase
- Topics involving the Building Code

Please complete this form to schedule an appointment.

CONTACT INFO	RMATION										
First Name	Las			ast Name				Date			
Proposed Business Address							Unit/S	Jnit/Suite #			
City			State		ZIP						
Phone (Required)				E-mail Address (Required)							
Current use group of space/building (Retail, Office, etc.)											
Proposed use group of space/building (Daycare, Restaurant, etc.)											
Provide Construction Type											
Are you a Registered Design Professional?			YES 🗆	NO 🗆	Are you	you the Building Owner?			s 🗆	NO 🗆	
Are you the Tenant/Business Owner?			YES 🗌	NO 🗆	Are you	you a Contractor?			s 🗆	NO 🗆	
Total area/ number of stories/ building height											
AVAILABLE MEETING TIMES											
Please select one of the time slots listed below											
Tuesday	am 🗌	Request*									
Wednesday	am										
Thursday	am D pm Request*:										
* Request for other days/times will be reviewed and arranged upon the availability of staff											
ADDITIONAL INFORMATION REQUIRED											
Please come prepared for our meeting with the following information											
☐ Existing floorplan (layout) of the space with dimensions						☐ Proposed floorplan (layout) of the space with dimensions					
☐ Location of exits and accessibility features						☐ Indicate building codes applicable to the project					
☐ Indicate whether space is separated or non-separated mix						☐ Number and location of plumbing fixtures/restrooms					
☐ Indicate whether	the space/bu	ilding is prote	ected by a	n automatic s	sprinkler	system or a fire alarm syste	em				

Please provide a design narrative and describe as specifically as possible your code issue and questions:
Please email the form to <u>Permit.center@alexandriava.gov</u> or to the plan reviewer who assisted you. Scheduled Code Consultation Date/Time
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