



**CITY OF ALEXANDRIA, VIRGINIA**  
**Residential Rental Inspection Application**  
**DEPARTMENT OF CODE ADMINISTRATION**

301 KING STREET, SUITE 4200  
 ALEXANDRIA, VIRGINIA 22314  
 703.746.4200 (PHONE) 703.838.3880 (FAX)

**PERMIT NUMBER:** \_\_\_\_\_

[www.alexandriava.gov/code](http://www.alexandriava.gov/code) (web) [permit.center@alexandriava.gov](mailto:permit.center@alexandriava.gov) (e-mail)  
 \*\*Please visit our Online Permit Center at <https://permits.alexandriava.gov>

**NAME OF COMPLEX- (if Applicable):** \_\_\_\_\_

**Address(es) of Building(s) and Number of Bedrooms: (continue list on an additional application if needed)**

Address	Efficiency	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm

Please provide the owner's information as you would like it displayed on the permit.

Owner's Name: \_\_\_\_\_ Trading As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

**Owner's Agent/ Property Manager Information (if different from owner) Check Box if Same as Owner**

Name: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Method of contact: Phone Fax E-mail

**24-hour Emergency Contact Persons- please list in contact order**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

For Multi-Family (R-2) Structures- does each building have a Fire Suppression System- No  Yes  Fire Alarm System- No  Yes

Standpipe- No  Yes  Elevator- No  Yes  - Number \_\_\_\_\_ Emergency Generator- No  Yes  - Number \_\_\_\_\_

Underground Storage Tanks- No  Yes  - Number \_\_\_\_\_ Current Boiler Inspection- No  Yes  Current FPPs- No  Yes

**Approvals: (To Be Completed By Staff)**

**Date Received** \_\_\_\_\_ **Attachments** No  Yes

**Inspection Date:** \_\_\_\_\_ **Date Entered Program:** \_\_\_\_\_

**Fee Total: \$** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Units Inspected** \_\_\_\_\_