



RESIDENTIAL CONSTRUCTION PERMIT APPLICATION
CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF CODE ADMINISTRATION

301 King Street , Suite 4200

Alexandria, Virginia 22314

Phone: 703.746.4200 Fax: 703.838.3880

Website: alexandriava.gov/Code

E-mail: permitcenter@alexandriava.gov

STAFF USE ONLY

BUILDING PERMIT BLD _____

Deposit Received: _____

Permit Fee: _____

Date Issued: _____

PLEASE VISIT OUR ONLINE PERMIT CENTER: <https://permits.alexandriava.gov>

GENERAL INFORMATION

DATE APPLIED _____

PROJECT NAME _____

PROJECT ADDRESS _____

FLOOR / SUITE _____

OWNER

NAME _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

APPLICANT / CONTRACTOR

Work will be done by: OWNER CONTRACTOR

NAME _____

ADDRESS _____

PHONE _____ FAX _____

EMAIL _____

VA LICENSE _____

BUSINESS LICENSE# _____

RECIPROCITY? YES NO

MECHANIC'S LIEN AGENT? Non Designated Yes, specify Agent: _____

PROJECT INFORMATION

TYPE OF WORK

- INTERIOR EXTERIOR
 NEW ALTERATION

PROJECT DESCRIPTION (check all appropriate boxes)

- Health Dept. Structural/Building Electrical
 Plumbing Mechanical Fuel Gas

CONSTRUCTION CODE / YEAR _____

Building Area:

Gross _____ ft² Altered _____ ft²

New _____ ft²

ESTIMATED PROJECT COST (including overhead & profit)

\$ _____

SPECIFIC PROJECT DATA

ACCESSIBILITY OF BUILDING

NOTE: *Where there are four (4) or more dwelling units or sleeping units in a single structure, the design must comply with VCC Chapter 11 requirements for Group R-3*

- Exempt Fully Partial

If "Partial", complete & submit an 'Alteration Cost of Accessibility Certificate' form.

MODIFICATION REQUEST

- No Yes

IF "YES", specify Modification number: _____

Additional Information

STAFF USE ONLY

Received By: _____

Issued By: _____