



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

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STAFF USE ONLY

Permit Number _____

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

GENERAL INFORMATION	PROJECT INFORMATION	COST	
DATE APPLIED _____ PROJECT NAME _____ PROJECT ADDRESS _____ _____ FLOOR / SUITE _____	TYPE OF WORK: <input type="checkbox"/> COMMERCIAL (VCC) <input type="checkbox"/> RESIDENTIAL (VRC) <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FUEL GAS <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION CONSTRUCTION CODE(S) / YEAR _____	ESTIMATED REVISION COST (including overhead & profit) \$ _____ Electrical Work \$ _____ Mechanical Work \$ _____ Plumbing Work \$ _____ Structural Work	
<p align="center">OWNER</p> NAME _____ ADDRESS _____ _____ PHONE _____ FAX _____ E-MAIL _____	CONSTRUCTION TYPE(S): <input type="checkbox"/> I__ <input type="checkbox"/> II__ <input type="checkbox"/> III__ <input type="checkbox"/> IV <input type="checkbox"/> V__ OCCUPANCY(S): <input type="checkbox"/> A__ <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F__ <input type="checkbox"/> H__ <input type="checkbox"/> I__ <input type="checkbox"/> M <input type="checkbox"/> R__	REVISION DESCRIPTION: _____ _____ _____ _____ _____ _____ _____ _____ _____	
<p align="center">APPLICANT / CONTRACTOR</p> Work will be done by: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR NAME _____ ADDRESS _____ _____ PHONE _____ FAX _____ E-MAIL _____ VA LICENSE # _____ BUSINESS LICENSE # _____ CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C RECIPROCITY? <input type="checkbox"/> YES <input type="checkbox"/> NO MECHANIC'S LIEN AGENT? <input type="checkbox"/> Non Designated <input type="checkbox"/> Yes, specify Agent: _____	No. Residential Units: Existing: _____ Proposed: _____ Number of Building Stories: _____ Building Height: _____ Building Area: Gross _____ ft ² Altered _____ ft ² New _____ ft ²		
STAFF USE ONLY	PERMIT FEE: \$	DEPOSIT: \$	ISSUE DATE: _____ By: _____