

A.	Customer's Info.		Important: Applicant to complete all the <u>non-shaded</u> areas, mark or circle where applicable.				Do not write here	
			Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application; Failure to do so may result in rejection and/or delay of the reviewing process.				Permit Number	
	Job Address		Number and street	Unit	Floor	Phone at site	B C	
	Check Applicable permit Holder Box	<input type="checkbox"/>	Contractor	Name	Number and Street	City		
<input type="checkbox"/>		Tenant (if applicable)	Name	Signature	phone	Total Fees		
Legal Owner		Name	Number and Street	City	State	Zip	Phone	

B.	Type of Work:				Acknowledge V.U.S.B.C. Year designed under <input type="checkbox"/> 2006				
	New Construction 104 <input type="checkbox"/> 3 or 4 family Building 105 <input type="checkbox"/> Multifamily 213 <input type="checkbox"/> Hotels / Motels 214 <input type="checkbox"/> Other Shelter 318 <input type="checkbox"/> Amusement and Rec. 319 <input type="checkbox"/> Churches / religious 320 <input type="checkbox"/> Industrial 321 <input type="checkbox"/> Parking garages 322 <input type="checkbox"/> Service / Auto repair 323 <input type="checkbox"/> Hospitals / Institutional 324 <input type="checkbox"/> Office/Bank/Professional 325 <input type="checkbox"/> Public Works/ Utility 326 <input type="checkbox"/> Schools / Educational		327 <input type="checkbox"/> Stores / Mercantile 328 <input type="checkbox"/> Other Building 329 <input type="checkbox"/> Other Structure Additions and Alterations 437 <input type="checkbox"/> Add/ alter other Building Demolition 647 <input type="checkbox"/> 3 and 4 family building 648 <input type="checkbox"/> Multifamily 649 <input type="checkbox"/> All other		Other types of Work <input type="checkbox"/> Antennas _____ No. <input type="checkbox"/> Door lock. Sys. _____ Floors <input type="checkbox"/> Interior Demo. _____ Floors <input type="checkbox"/> Material Lifts _____ Qty. <input type="checkbox"/> Move Building _____ Sq. ft <input type="checkbox"/> Parking Lots _____ Sq. ft <input type="checkbox"/> Repair Damage _____ Sq. ft <input type="checkbox"/> Retaining Wall _____ Ln. ft <input type="checkbox"/> Roofing _____ Sq. ft <input type="checkbox"/> Siding _____ Sq. ft <input type="checkbox"/> Signs _____ Qty <input type="checkbox"/> Swimming Pools _____ Sq. ft <input type="checkbox"/> Sys. Furniture _____ Floors <input type="checkbox"/> Tents _____ Sq. ft		Phased Construction <input type="checkbox"/> Excavation/Sheeting/Shoring <input type="checkbox"/> Footing and Foundation <input type="checkbox"/> Footing to grade <input type="checkbox"/> Tower <input type="checkbox"/> Tenant Build out		Handicap Accessible _____ Building Height _____ Stories above street level _____ Stories below street level _____ Building footprint area _____ Estimated Value of Construction Building _____ Briefly describe scope of work _____ _____ _____

C.	Construction Documents check list: Important: Accessibility and Energy compliance forms MUST be included when applicable.							
	Important: In order for the Permit specialist to accept the Construction documents, and process the Application, all "applicable" boxes MUST be circled.							
	New Construction		<u>Y</u>	<u>N</u>	Location of outside A/C units must be shown on all site plans.	<u>Y</u>	<u>N</u>	Two (2) copies of Erosion and Sediment Control plan, Storm water management plan, and Landscape conservation plan are Required if the project involves more than 2500 sq.ft of land, and/or property is located in a Chesapeake Bay Resource Protection Area.
	<u>Y</u>	<u>N</u>	Additions		Two (2) sets of the Building plans			
<u>Y</u>	<u>N</u>	Four (4) copies of the building plans. Showing the Architectural, Structural, Plumbing Mechanical and Electrical details. Health Review requires an extra copy.		<u>Y</u>	<u>N</u>	Three (3) copies of the survey signed and sealed by an Engineer or a surveyor licensed in the commonwealth of Virginia		
<u>Y</u>	<u>N</u>	Nine (9) copies of the site/grading plans. Signed and sealed by an Eng. or Surveyor Licensed in the Commonwealth of Virginia.		<u>Y</u>	<u>N</u>	Interior Alterations		
				<u>Y</u>	<u>N</u>	Two (2) sets of Building Plans, (3) if 1 st floor or roof. Health Review requires an extra copy		

D.	Certification:		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County			
	Signature of Applicant	Address	Name (print)	Date	Phone	
NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work.						