



CITY OF ALEXANDRIA
OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION
 301 KING STREET, SUITE 4200
 ALEXANDRIA, VIRGINIA 22314
 703.746.4200 FAX 703.838.3880

ELECTRICAL APPLICATION

IMPORTANT - Applicant to complete ALL applicable items

MASTER MUST SIGN APPLICATION

Shaded boxes are FOR OFFICIAL USE ONLY

| | | |
|--|-----------------|---------------------------|
| Permit Number | 1. Project Name | Master Permit |
| 2. Project Address Floor/Suite # | | 3. Date Applied |
| 4. Owner | | 5. Contact Info - Primary |
| | | Secondary/Fax |
| 6. Owner's Mailing Address (if different from project address) | | E-Mail Address |

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|--|--|------------------------|
| 7. Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor (for Contractors, MASTER's signature is mandatory in box #13 below) | | |
| 8. Contractor Name | 9. Phone | 10. Business Address |
| 11. Master's Name | 12. Master's Card # | 13. Master's Signature |
| 14. State Contractor License Number Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | 15. Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|---|
| 16. Project Description | | |
| 17. Number of Floors Number of Residential Units | 18. Square Footage: <input type="checkbox"/> Up to 3,000 sf <input type="checkbox"/> 3,001 to 10,000 sf <input type="checkbox"/> 10,001 to 20,000 sf <input type="checkbox"/> Greater than 20,000 sf | 19. Estimated Construction Cost (Labor, Material, Overhead & Profit) \$ |

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|---|--|--|
| 20. Proposed Bldg Use Groups: <input type="checkbox"/> Residential SF/TH/Duplex (R5) <input type="checkbox"/> Hotel (R1) <input type="checkbox"/> Multifamily: Apt / Condo Unit (R2) <input type="checkbox"/> Office (B) <input type="checkbox"/> Store (M) <input type="checkbox"/> School (E) <input type="checkbox"/> Assembly: Restaurant / Theater / Church / Recreation Center (A) <input type="checkbox"/> Storage / Parking Garage (S) <input type="checkbox"/> Hotel/Motel (R1) <input type="checkbox"/> Hospital (I) <input type="checkbox"/> Warehouse (S) <input type="checkbox"/> Industrial (H) <input type="checkbox"/> Other(describe): | | |
|---|--|--|

| | | |
|--|--|--|
| 21. Type of Work: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Temporary | | |
|--|--|--|

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| 22. Type of Construction | 23. Code Edition / Year: <input type="checkbox"/> Residential (IRC) <input type="checkbox"/> Commercial (IBC/NEC) |
|--------------------------|---|

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|---|---|
| 24. Number of Temporary Services / Generators: Up to 100 AMP: 101 to 400 AMP: 401 AMP and above: | 25. Existing Service: _____ A _____ V _____ φ New Service: _____ A _____ V _____ φ |
|---|---|

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|---|---|-------------------------|--------------------|
| <p align="center">AFFIDAVIT</p> <p>I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.</p> <p>_____ Signature of Owner or Authorized Agent</p> <p>_____ Printed Name of Person Applying for Permit</p> <p>_____ Address</p> <p>_____ Phone / Pager / Fax</p> <p>_____ E-Mail Address</p> | APPROVALS | | PERMIT FEES |
| | Engineer | | TOTAL \$ |
| | Date Approved | | Deposit Rec'd \$ |
| | Date Issued | | Deposit Date |
| | Engineering Aide | Rec'd By: Issued By: | Notes: |
| | Drawings Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |