



**Office of the Building Official**  
**777 Lynn Street**  
**P.O. Box 427**  
**Herndon, VA 20172-0427**  
**(703) 435-6850 Phone**  
**(703) 318-8492 Fax**

### Electrical Permit Application

\_\_\_\_\_ Building Permit Number

Job Address: \_\_\_\_\_

Name of General Contractor: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Tenant/Occupant: \_\_\_\_\_

Appliances	# _____	Central Heat A/C Residential	# _____
Control Wire A/C & Heat	# _____	Parking Lot Lights	# _____
Circuits	# _____	Fluorescent Sign (# of Tubes)	# _____
Decorative Lighting	# _____	Neon Sign (# of Transformer)	# _____
Dental Chairs	# _____	Temp Wire Stands	# _____
Fire Alarm Strike Station	# _____	Temp Wiring Amusements	# _____
Fire Alarm Smoke Detector	# _____	Sub panel	# _____
Fan Coil Units	# _____	Unit Heaters	# _____
Fixtures	# _____	Welders	# _____
Gasoline Island Pumps	# _____	X-Ray Machine	# _____
Annual Pool Inspection	_____		

Generators: # \_\_\_\_\_ @ KW \_\_\_\_\_ (List additional on back)

Electric Heat: # \_\_\_\_\_ @ KW \_\_\_\_\_ (List additional on back)

Motors: # \_\_\_\_\_ @ HP \_\_\_\_\_ (List additional on back)

Transformers: # \_\_\_\_\_ @ KVA \_\_\_\_\_ (List additional on back)

Service # \_\_\_\_\_ @ AMP \_\_\_\_\_

Temp Service: # \_\_\_\_\_ @ AMP \_\_\_\_\_

Low Voltage: # \_\_\_\_\_ Type: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Virginia State Contractor Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_