



**SIGN PERMIT APPLICATION
CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF CODE ADMINISTRATION**

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Alexandria, Virginia 22314
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STAFF USE ONLY

SIGN PERMIT NUMBER _____

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

| GENERAL INFORMATION | PROJECT INFORMATION | PROJECT INFORMATION (CONTINUED) |
|---|---|--|
| 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 | WIDTH: _____ HEIGHT: _____ AREA OF SIGN: ____ sq. ft. NUMBER OF FACES: _____ COLOR: _____ MATERIAL _____ HEIGHT & AREA ABOVE GRADE _____ ft. |
| OWNER | DESCRIPTION AND WORDING OF SIGN: _____ _____ _____ | SETBACK FROM PROPERTY LINE (FREESTANDING SIGNS ONLY) _____ ft. |
| NAME _____ ADDRESS _____ _____ PHONE _____ FAX _____ E-MAIL _____ | LOCATION OF SIGN _____ _____ _____ | FRONTAGE OF BUSINESS _____ ft. |
| APPLICANT / CONTRACTOR | CHECK ALL THAT APPLY: <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | ELECTRICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 RECIPROACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO MECHANIC'S LIEN AGENT? <input type="checkbox"/> Non Designated <input type="checkbox"/> Yes, specify Agent: | TYPE OF SIGN: <input type="checkbox"/> BUILDING <input type="checkbox"/> FREESTANDING <input type="checkbox"/> TENANT <input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> AWNING <input type="checkbox"/> OTHER _____ | ESTIMATED COST including overhead & profit): \$ _____ |

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|-----------------------|----------------|-------------|-------------|-----|
| STAFF USE ONLY | PERMIT FEE: \$ | DEPOSIT: \$ | ISSUE DATE: | By: |
|-----------------------|----------------|-------------|-------------|-----|

