



COMMERCIAL BUILDING PERMIT APPLICATION

Filing Fee:	Total Fee:
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Job Address	Number and street _____ Unit _____ Floor _____	Permit holder: <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Legal Owner
Tenant (if applicable)	Name _____ Phone _____ Signature _____	
Contractor (if applicable)	Name _____ VA State License Number _____ Business License Number _____	
	Number and Street _____ City _____ State _____ Zip _____ Phone _____	
Legal Owner	Name _____ Phone _____	V.U.S.B.C. eXhcb MUST be 2015
	Number and Street _____ City _____ State _____ Zip _____	
Type of Work	Briefly describe scope of work: _____	Estimated value of construction: \$ _____

<u>New Construction</u>	327 <input type="checkbox"/> Stores / Mercantile	<u>Other Work</u>	No. _____ <input type="checkbox"/> Swimming pools	Sq. ft _____	Stories above street level _____
104 <input type="checkbox"/> 3 or 4 family Building	328 <input type="checkbox"/> Other Building	<input type="checkbox"/> Antennas	No. _____ <input type="checkbox"/> Sys. furniture	Floors _____	Stories below street level _____
105 <input type="checkbox"/> Multifamily	329 <input type="checkbox"/> Other Structure	<input type="checkbox"/> Door lock systems	No. _____ <input type="checkbox"/> Tents	Sq. ft _____	Building footprint area _____
213 <input type="checkbox"/> Hotels / Motels		<input type="checkbox"/> Interior demo.	Floors _____		
214 <input type="checkbox"/> Other Shelter	<u>Phased Construction</u>	<input type="checkbox"/> Material lifts	Qty. _____	<u>Code Details</u>	<u>Demolition</u>
318 <input type="checkbox"/> Amusement and Rec.	<input type="checkbox"/> Excavation/Sheeting/Shoring	<input type="checkbox"/> Move building	Sq. ft _____	Use Group/ s _____	Sq. ft _____
319 <input type="checkbox"/> Churches / religious	<input type="checkbox"/> Footing and Foundation	<input type="checkbox"/> Parking lots	Sq. ft _____	Use Group/ s _____	Sq. ft _____
320 <input type="checkbox"/> Industrial	<input type="checkbox"/> Footing to grade	<input type="checkbox"/> Repair damage	Sq. ft _____	Construction Type _____	647 <input type="checkbox"/> 3 and 4 family building
321 <input type="checkbox"/> Parking garages	<input type="checkbox"/> Tower Crane	<input type="checkbox"/> Retaining wall	Ln. ft _____	Occupant Load _____	648 <input type="checkbox"/> Multifamily
322 <input type="checkbox"/> Service / Auto repair	<input type="checkbox"/> Tenant Build out	<input type="checkbox"/> Roofing	Sq. ft _____	Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No	649 <input type="checkbox"/> All other
323 <input type="checkbox"/> Hospitals / Institutional	<u>Additions and Alterations</u>	<input type="checkbox"/> Siding	Sq. ft _____	Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Area of Disturbance:</u> Sq. ft _____
324 <input type="checkbox"/> Office/Bank/Professional	437 <input type="checkbox"/> Add/ alter other building	<input type="checkbox"/> Signs	Qty. _____	Building Height _____	<u>Building Suppressed:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

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 codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the [Virginia Public Records Act](#) and may be subject to release under the [Virginia Freedom of Information Act](#).

Signature of Applicant _____	Print Name _____
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Number and Street _____	City _____	State _____	Zip _____	Phone _____
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Submission: Bring application, along with additional submission documents (detailed on next page) to: 2100 Clarendon Blvd., Suite 1000, ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed 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 work commences. Initials _____ Date _____