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ARLINGTON
VIRGINIA

Department of Community Planning, Housing and Development (CPHD)
Inspection Services Division (ISD)
2100 Clarendon Blvd., Suite 1000 | phone: 703-228-3800
website: building.arlingtonva.us | email: ISDtradepermits@arlingtonva.us

ELECTRICAL PERMIT APPLICATION

Building Permit #

Filing Fee: Total Fee:

Job Address	Number and street		Floor	Suite	Phone at site, if available
Legal Owner	Name	Address			Phone
Contractor (if applicable)	Name	VA State License Number		Arlington Business License Number	
	Number and Street	City	State	Zip	Phone
Tenant (if applicable)	Name	Number and Street			Phone

Permit holder:
☐ **Legal Owner**
☐ **Contractor**

Job Description

Building Type ☐ Single Family ☐ Town house ☐ Commercial ☐ All Other

Type of Work ☐ New ☐ Addition to Building ☐ Alteration

Estimated Cost

Classification of Work

QTY	Description	QTY	Description
_____	Circuits	_____	Outdoor Signs
_____	Fixtures, Switches, Receptacles	_____	Temporary Installation
_____	Receptacles over 20 Amps		(< 90 days)
_____	Indoor Signs	_____	Disconnects

Service Equipment

_____ Up to 500 Amps
_____ 501 to 1600 Amps
_____ 1601 to 3000 Amps
_____ Over 3000 Amps
_____ Temp. Power (Temp Pending Final, including sub-metering)
_____ Sub Panels

Motors

_____ ¼ to 5 HP
_____ 6 to 25 HP
_____ 26 to 50 HP
_____ 51 to 75 HP
_____ Over 75 HP
_____ Other

Low Voltage

_____ Number of Floors

Miscellaneous

_____ Swimming Pools
_____ Com. Preventive Maintenance

Other Electrical Work (Describe)

Generators

_____ 1 to 50 Kw
_____ Over 50 Kw

Fixed Appliances

_____ A/C Heat Pump
_____ Dishwasher
_____ Disposal
_____ Dryer
_____ Furnace
_____ Range
_____ Water Heater
_____ Electrical Heat Kw
_____ Commercial Cooking Appliance

Transformers

_____ 1 to 50 KVA
_____ Over 50 KVA

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	Email Address

Number and Street	City	State	Zip	Phone

Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, phone: 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. There may be additional requirements, depending on the type of work.

Initials_____ **Date**_____