

RESIDENTIAL BUILDING PERMIT APPLICATION

Filing Fee:	Total Fee:
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Job Address	Number and street			Permit holder:		
Home Owner	Name	Phone	Signature		<input type="checkbox"/> Home Owner	
Contractor (if applicable)	Name		VA State License Number	Business License Number		
	Number and Street	City	State	Zip Phone		
Mechanic's Lien Agent	Name		Phone			
	Number and Street	City	State	Zip		
Job Details	Briefly describe scope of work: _____			Estimated value of construction: \$		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><u>New Residential</u></p> <p>101 <input type="checkbox"/> Single Family Dwelling Detached Sq. ft _____</p> <p>102 <input type="checkbox"/> Single Family Dwelling Attached Sq. ft _____</p> <p>103 <input type="checkbox"/> Two Family Dwelling Sq. ft _____</p> <p><u>Additions and Alterations</u></p> <p>434 <input type="checkbox"/> Decks, Addition to Dwelling Sq. ft _____</p> <p>434 <input type="checkbox"/> Alterations to Dwelling Sq. ft _____</p> <p>438 <input type="checkbox"/> Garages, Carports Sq. ft _____</p> <p>434 <input type="checkbox"/> Accessory Dwelling Unit Sq. ft _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><u>Accessory Building</u></p> <p>Type: _____ Sq. ft _____</p> <p><u>Demolition</u></p> <p>645 <input type="checkbox"/> Single Family Dwellings</p> <p>646 <input type="checkbox"/> Two Family Dwellings</p> <p><u>Clearing and Grading</u></p> <p>Footing & Foundation Sq. ft _____</p> <p>Land Disturbance Area Sq. ft _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><u>Other Work</u></p> <p><input type="checkbox"/> Fireplace/ Chimney lining</p> <p><input type="checkbox"/> Move Building</p> <p><input type="checkbox"/> Siding Sq. ft _____</p> <p><input type="checkbox"/> Roofing</p> <p><input type="checkbox"/> Retaining Wall Lin. Ft _____ Height _____</p> <p><input type="checkbox"/> Swimming Pool Sq. ft _____</p> <p><input type="checkbox"/> Repair Damage Sq. ft _____</p> <p>Asbestos Removal Sq. ft _____</p> </td> </tr> </table>				<p><u>New Residential</u></p> <p>101 <input type="checkbox"/> Single Family Dwelling Detached Sq. ft _____</p> <p>102 <input type="checkbox"/> Single Family Dwelling Attached Sq. ft _____</p> <p>103 <input type="checkbox"/> Two Family Dwelling Sq. ft _____</p> <p><u>Additions and Alterations</u></p> <p>434 <input type="checkbox"/> Decks, Addition to Dwelling Sq. ft _____</p> <p>434 <input type="checkbox"/> Alterations to Dwelling Sq. ft _____</p> <p>438 <input type="checkbox"/> Garages, Carports Sq. ft _____</p> <p>434 <input type="checkbox"/> Accessory Dwelling Unit Sq. ft _____</p>	<p><u>Accessory Building</u></p> <p>Type: _____ Sq. ft _____</p> <p><u>Demolition</u></p> <p>645 <input type="checkbox"/> Single Family Dwellings</p> <p>646 <input type="checkbox"/> Two Family Dwellings</p> <p><u>Clearing and Grading</u></p> <p>Footing & Foundation Sq. ft _____</p> <p>Land Disturbance Area Sq. ft _____</p>
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Certification	<p>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.</p>					
Signature of Applicant		Print Name		Email Address		
Number and Street		City	State	Zip Phone		
<p>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 _____</p>						