



Electrical Permit Application

Date _____

PERMIT NO. _____

Required fields are marked with **>** and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please mark "None" in that section. If there is no tenant or lessee, mark "None" in that section.

ADDRESS OF BUILDING

> Falls Church, VA >

Street Address _____ Unit # _____ Zip _____

CONTRACTOR OR OTHER APPLICANT

MECHANICS' LIEN AGENT (Residential Only) NONE

Name _____ Phone H. O. C. **Name** _____ Phone H. O. C.

Address _____ **Address** _____

City _____ **State** _____ **Zip Code** _____ **City** _____ **State** _____ **Zip Code** _____

VA State License Number _____ Class A. B. C.

BUILDING OWNER INFORMATION

TENANT OR LESSEE INFORMATION NONE

Name _____ Phone H. O. C. **Name** _____ Phone H. O. C.

Address _____ **Address** _____

City _____ **State** _____ **Zip Code** _____ **City** _____ **State** _____ **Zip Code** _____

VA STATE MASTER ELECTRICIAN'S LICENSE

CONTRACT PRICE

> Name: _____ **> VA State License #:** **2710-** _____ **> Expires:** _____ **> \$** _____

TYPE OF WORK

Qty	Item	Qty	Item
	Circuits		Service: <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Heavy-Up Up to 600 Amps: _____ Over 600 Amps: _____
	Fixtures: _____ Switches: _____ Outlets up to 20 Amps: _____		Panels: Up to 600 Amps: _____ Over 600 Amps: _____
	Outlets over 20 Amps		Transformers
	Appliances Hard-Wired to a Circuit (i.e., not plugged in to an outlet) List: _____		Outdoor Signs
	Annual Pool Inspection		Preventive Maintenance Inspection
	Motor and Generators (List by HP and KW, Respectively)		Other: _____
			Heating and Heat Pump Backup Heat (List Units and Specify KW)

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

> Signature of Applicant _____ **>** Date _____ **>** Address _____

> Print Name _____ **>** Phone to Call When Permit Ready _____ **>** City _____ **>** State _____ **>** Zip Code _____

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals

Permit Fee

Zoning _____	Date _____	Base Permit Fee _____
Building Official _____	Date _____	2% State Levy _____
<i>Approved per VUSBC Only</i>		Total Permit Fee _____