



Community Planning & Economic Development Services

Building Safety Division
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214
 permits@fallschurchva.gov www.fallschurchva.gov

ELECTRICAL PERMIT APPLICATION

PERMIT NO. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA Zip Code _____

APPLICANT: CONTRACTOR OWNER

BUILDING OWNER INFORMATION

Name _____ Phone H O C _____ Name _____ Phone H O C _____

Address _____ Address _____

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

VA State Contractor's License Number _____ Class A B C Expiration Date _____

TENANT/LESSEE INFORMATION NONE

Falls Church Customer Number (if known): _____ Name _____ Phone H O C _____

Master Electrician's Name (DPOR Qualified Indiv.) _____ License Expiration Date _____ Address _____

License Number **2710-** Contract Price \$ _____ City _____ State _____ Zip Code _____

TYPE OF WORK

<p>Circuits _____ Circuits</p> <p>Devices _____ Fixtures _____ Switches _____ Outlets up to 20A _____ Motors up to ¼ HP _____ Smoke Detectors <input type="checkbox"/> Total # of devices</p> <p>Special _____ Outlets over 20 A</p>	<p>Services & Panels <input type="checkbox"/> New <input type="checkbox"/> Heavy-Up <input type="checkbox"/> Temp Services: _____ up to 600 A _____ over 600 A Panels: _____ up to 600 A _____ over 600 A</p> <p>Generator <input type="checkbox"/> Generator: _____ KW <input type="checkbox"/> Transfer Switch</p> <p>Motors over ¼ HP (list quantity x horsepower) _____</p>	<p>Hard-Wired Appliances (do not include anything that plugs in) _____ Gas Furnace _____ Stove _____ Other (list) _____ _____ A/C, Heat Pump _____ Oven _____ _____ Water Heater _____ Cooktop _____ _____ Humidifier _____ Dishwasher _____ _____ Dryer _____ Disposal _____ _____ Car Charger _____ Compactor _____</p>	<p>Electric Heat <input type="checkbox"/> Baseboard Heat _____ KW <input type="checkbox"/> Electric Furnace _____ KW <input type="checkbox"/> Heat Pump Backup _____ KW</p> <p>Other electric (resistive) heat: _____ KW _____ KW _____ KW (attach an additional sheet if needed)</p>	<p>Misc. Items _____ Signs _____ Transformers</p>	<p>Periodic Inspections: <input type="checkbox"/> Annual Comm. Pool <input type="checkbox"/> Switchgear over 800 A</p>
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SIGNATURE

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 Number _____ City _____ State _____ Zip Code _____
 E-Mail Address _____

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

FEES

Business License: Update Verified Annualized Under check-in threshold Owner Permit

Review Required: Issued OTC, no review required Requires Review, routed to Building Official

Building Official _____ Date _____

Base Permit Fee \$ _____
 10% Tech Fee \$ _____
 10% Admin Fee \$ _____
 2% State Levy \$ _____
Total Fee \$ _____
 Approved per VUSBC Only (fee with 2.95% credit-card fee) \$ _____