Office of the Building Official
777 Lynn Street
P.O. Box 427
Herndon, VA 20172-0427
(703) 435-6850 Phone
(703) 318-8492 Fax

Commercial Sign Permit Application

PERMIT#_____

Site Location:

Address:_____

Owner Information:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

Architect/Engineer:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

License #:_____ Exp._____

Contractor Information:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

State License#:_____ Exp:_____

Phone Number:_____

Project Information:

Est. Construction Cost: $_____

Tenant/Building Name:_____

Sign Dimensions:_____

Wall Mounted:_____

Free Standing:_____

ARB Approved (if applicable):_____

HPRB Approved (if applicable):_____

Master Sign Plan:_____

Description/Comments:_____

_____

_____

Submitter Information:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

Fax Number:_____

I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Signature Contact, Owner or Authorized Agent	Date	Phone Number	Print Name

RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF THE BUILDING OFFICIALFOR ISSUANCE OF A BUILDING PERMIT

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Electrical Permit Application

_____
Building Permit Number

Job Address:_____

Name of General Contractor:_____

Name of Owner:_____

Name of Tenant/Occupant:_____

Appliances	#_____	Central Heat A/C Residential	#_____
Control Wire A/C & Heat	#_____	Parking Lot Lights	#_____
Circuits	#_____	Fluorescent Sign (# of Tubes)	#_____
Decorative Lighting	#_____	Neon Sign (# of Transformer)	#_____
Dental Chairs	#_____	Temp Wire Stands	#_____
Fire Alarm Strike Station	#_____	Temp Wiring Amusements	#_____
Fire Alarm Smoke Detector	#_____	Sub panel	#_____
Fan Coil Units	#_____	Unit Heaters	#_____
Fixtures	#_____	Welders	#_____
Gasoline Island Pumps	#_____	X-Ray Machine	#_____
Annual Pool Inspection	_____		

Generators:	# _____	@ KW_____	(List additional on back)
Electric Heat:	# _____	@ KW_____	(List additional on back)
Motors:	# _____	@ HP_____	(List additional on back)
Transformers:	# _____	@ KVA_____	(List additional on back)
Service	# _____	@ AMP_____	
Temp Service:	# _____	@ AMP_____	
Low Voltage:	#_____	Type:_____	

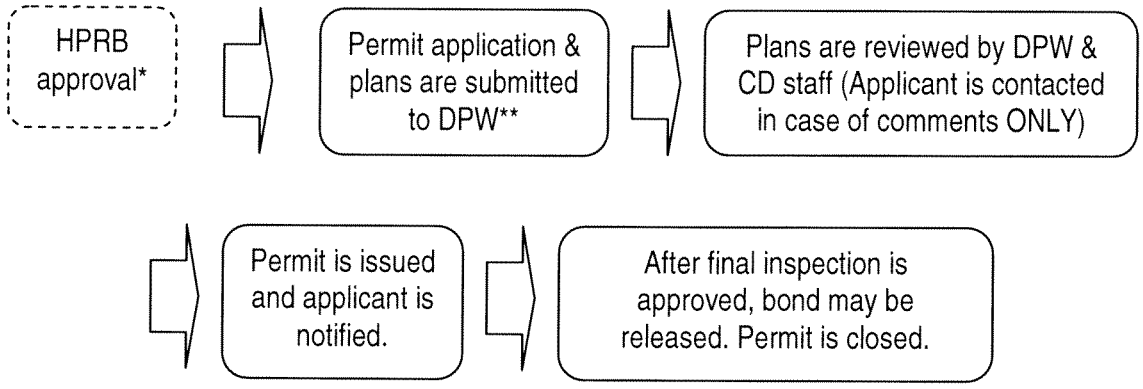
Firm Name:_____ Phone Number:_____

Address:_____

Signature:_____ Print Name:_____

Virginia State Contractor Number:_____ Exp. Date:_____

Sign Permit



*HPRB approval must be obtained PRIOR to submission of Sign Permit Application. Applicant must contact CD for more information.

**Required for Sign permit:

-Sign Permit Application (one application per address, not per sign)

-Three sets of plans.

-Copy of Contractor's license or Owner's affidavit if no contractor is listed.

-Electrical permit application required if electrical wiring is involved.