



Inspection Services Division

2100 Clarendon Blvd., Suite 1000, Arlington, VA. 22201
Tel 703-228-3800 Fax 703-228-7046 building.arlingtonva.us

CODE CONSULTATION REQUEST FORM

Client Name: _____ Contact Person _____
Client Phone Number: _____ Client Fax Number _____
Client E-mail Address: _____
Applicable Code(s)/Year: _____
Section of Code(s): _____

New Building: Yes No Addition: Yes No Alteration: Yes No
Change of Use: Yes No

Occupancy Use Classification(s): _____
Construction Type: _____
Building Fully Sprinklered & Monitored: Yes No

Please describe as specifically and in as much detail as possible your code issue and question:

The completed form can be sent via Fax to 703-228-7046 or email to arlcoisdpr@arlingtonva.us.

To be filled out by Inspections Services Department Staff: (initials): _____
Scheduled Code Consultation Date/Time _____