



**Inspection Services Division**

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

**CODE CONSULTATION REQUEST FORM**

Client Name: \_\_\_\_\_ Contact Person \_\_\_\_\_

Client Phone 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:

Send the completed form via email to: [arlcoisdpr@arlingtonva.us](mailto:arlcoisdpr@arlingtonva.us).

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