



Arlington County, Virginia
Department of Community Planning, Housing and Development
Inspection Services Division
ELECTRICAL PERMIT APPLICATION

Arlington County, Va./Applications/15900-000705-08

NOV - 9, 2009

A. Customer's Information	<p>Job Address 1235 S. Clark St 9th Floor N/A City</p> <p>Contractor COMINT SYSTEMS CORP 7364 Steel Mill Dr. Springfield Arlington License Number VA 22150 2705111838A 100003378102 703.923.9470</p> <p>Legal Owner Jornado 2345 Crystal Drive 703.769.8200</p> <p>Tenant Name (If applicable) OSD N/A</p>	<p>Permit Number E 0902003</p> <p>Relevant Building Permit B</p> <p>Total Fees \$3500.00</p> <p>Estimated Cost \$3500.00</p>
B. Job Description	<p>Building Type <input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Alteration</p> <p>Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition to Building <input type="checkbox"/> Alteration</p>	
C. Classification of Work	<p>Systems Furniture Dryer _____ Furnace _____ Range _____ Water Heater _____ Electric Heat Kw. _____</p> <p>Miscellaneous Cubicles count _____ Swimming Pools _____ Com. Preventive Maintenance _____</p> <p>Other Elec. work (describe) Low Voltage (Data)</p> <p>Motors 1/4 to 5 HP _____ 6 to 25 HP _____ 26 to 50 HP _____ 51 to 75 HP _____ Over 75 HP _____ Other _____</p> <p>Generators 1 to 50 Kw _____ Over 50 Kw _____</p> <p>Transformers 1 to 50 KVA _____ Over 50 KVA _____</p>	
D. Certification	<p>I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes</p> <p>Signature of Applicant: [Signature] Address: 7364 Steel Mill Dr. Springfield VA 22150 Name (print): Isreal Morales Date: 11/9/09 Phone: 703.923.9470</p> <p>NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.</p>	



ARLINGTON
VIRGINIA

Arlington County, Virginia
Department of Community Planning, Housing and Development
Inspection Services Division
ELECTRICAL PERMIT APPLICATION

Arlington County, Va., Application # 1901-007/05-08

A	Customer's Information		Important: Applicant to complete all non-shaded areas and mark or circle where applicable.		Do not write here
	Job Address 1235 S. CLARK 920 9TH		Permit Number E09000840		
B	Contractor JK ELECTRIC		Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.		Relevant Building Permit B090009023
	Legal Owner VARNADO / CHAS E. SMITH		Phone at site if available 1000 266 82-02		
C	Tenant Name (If applicable) DEPT OF DEFENSE		Building Type <input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Alteration		Total Fees 4833.87
	Job Description ELECTRICAL		Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition to Building		
D	Classification of Work QTY Description Circuits Fixtures, Switches, Receptacles Receptacles over 20 Amps Indoor Signs Outdoor Signs Temporary Installation Disconnects		Systems Furniture Cubicles count Miscellaneous Swimming Pools Com. Preventive Maintenance Other Elec. work (describe) CANAL		Estimated Cost \$ 320.00
	Service Equipment Up to 500 Amps. 501 to 1600 Amps.		Motors 1601 to 3000 Amps. Over 3000 Amps. Temp. Power (TPF including Sub-Metering). Sub Panels 1/4 to 5 HP 6 to 25 HP 26 to 50 HP 51 to 75 HP Over 75 HP Other		
Certification Signature of Applicant Kenneth Brotherton		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes		Generators 1 to 50 Kw Over 50 Kw Transformers 1 to 50 KVA Over 50 KVA	
Address 1627 So 13TH ST ARLINGTON		Name (print) KENNETH BROTHERTON		Date 12/4/08	
Phone 703-695-5958		City Stafford		Phone 703-695-5958	

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



ARLINGTON VIRGINIA

Arlington County, Virginia
Department of Community Planning, Housing
Inspection Services Division
ELECTRICAL PERMIT APPLICATION

CHRIS WING
Permit #: E1202260



By: Va./Applications/ESD/AR/01-004/02-68

A. Customer Information

Job Address: 1235 S. Clark St. 1540
 Contractor: Toulond Systems Corporation, 1900 Oracle Way, Reston, VA 20190
 Legal Owner: CESC Gateway, 210 RT 4 East Parkway, N5 07692
 Tenant Name: GSA

B. Job Description

Building Type: Single Family Town house Commercial
 Type of Work: New Addition to Building Alteration

C. Classification of Work

QTY	Description
	Circuits
	Fixtures, Switches, Receptacles
	Receptacles over 20 Amps
	Indoor Signs
	Outdoor Signs
	Temporary Installation
	Service Equipment
	Up to 500 Amps.
	501 to 1600 Amps.
	1601 to 3000 Amps.

D. Certification

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes

Signature of Applicant: Chris Wing
 Address: 6502 Carriage Dr. Aler.VA
 City: 22310
 Name (print): Chris Wing
 Date: 8/28/22
 Phone: 202-746-0006

Important: Applicant to complete all non-shaded areas and mark or circle where applicable.
Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.

Permit Number: E1202260
 Relevant Building Permit: BVA
 Total Fees: \$2,000
 Estimated Cost: \$2,000

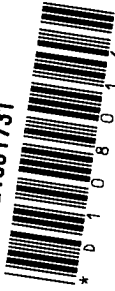
4711NF



Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division
ELECTRICAL PERMIT APPLICATION

Arlington County, Va. Applications 757/06-900/05-08

BETHANY KLINE
 Permit #: E1301731



Important: Applicant to complete all non-shaded areas and mark or circle where applicable.
Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.

Number and street: 1235 Clark Street
 suite: 802
 Floor: 8th
 Phone at site if available: _____

Name: M.C. Dean Inc.
 City: Dulles
 Number and Street: 22461 Shaw Rd.
 State: VA
 Zip: 20166
 State License Number: BLC-1000038978-02
 Arlington License Number: 703-802-6231
 Name: N/A
 Address: _____
 Phone: _____

Relevant Building Permit: **B**
 Total Fees: _____
 Estimated Cost: \$253

A. Customer's Information	Job Address	1235 Clark Street, Suite 802, Floor 8th	City	Dulles
	Contractor	M.C. Dean Inc.	Number and Street	22461 Shaw Rd.
B. Job Description	Legal Owner	N/A	Arlington License Number	BLC-1000038978-02
	Tenant Name (If applicable)	N/A	Phone	703-802-6231
C. Classification of Work	Building Type	Single Family	Town house	Commercial
	Type of Work	New	Addition to Building	Alteration
	Systems Furniture	_____	_____	_____
	Miscellaneous	_____	_____	_____
D. Certification	Motors	_____	Other Elec. work (describe)	_____
	Service Equipment	_____	Generators	_____
	_____	_____	Transformers	_____
	_____	_____	_____	_____

Signature of Applicant: *Bethany Kline*
Name (print): Bethany Kline
Address: 22461 Shaw Rd. Dulles, VA 20166
Date: 6/27/13
Phone: 703-802-6231

Certification: I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes.

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division
ELECTRICAL PERMIT APPLICATION

Arlington County, Va./Applications/FSD/00-000/05-08

ARLINGTON
VIRGINIA

BETHANY KLINE
Permit #: E1301732



A. Customer's Information

Job Address
 Number and street: 1235 Clark Street
 suite: 810
 Floor: 8th
 City: Dulles

Contractor
 Name: M.C. Dean Inc.
 Number and Street: 22461 Shaw Rd.
 City: Dulles

Legal Owner
 Name: N/A

Tenant Name (If applicable)
 Name: N/A

Important: Applicant to complete all non-shaded areas and mark or circle where applicable.
Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.

Number and street: 1235 Clark Street
 suite: 810
 Floor: 8th
 Phone at site if av: _____

Number and Street: _____
 City: _____
 State: VA
 Zip: 20166
 State License Number: BLC-1000038978-02
 Arlington License Number: 703-802-6231

Number and Street: _____
 City: _____
 State: _____
 Zip: _____
 State License Number: _____
 Arlington License Number: _____

B. Job Description

Building Type
 Single Family Town house Commercial All Other
 Type of Work: New Alteration

C. Classification of Work

QTY	Description
_____	Circuits
_____	Fixtures, Switches, Receptacles
_____	Receptacles over 20 Amps
_____	Indoor Signs
_____	Outdoor Signs
_____	Temporary Installation
_____	Disconnects
_____	Service Equipment
_____	Up to 500 Amps.
_____	501 to 1600 Amps.
_____	1601 to 3000 Amps.
_____	Over 3000 Amps.
_____	Temp. Power (TPF including Sub-Metering)
_____	Sub Panels
_____	Motors
_____	1/4 to 5 HP
_____	6 to 25 HP
_____	26 to 50 HP
_____	51 to 75 HP
_____	Over 75 HP
_____	Other
_____	Systems Furniture
_____	Cubicles count
_____	Miscellaneous
_____	Swimming Pools
_____	Com. Preventive Maintenance
_____	Other Elec. work (describe)
_____	Low Voltage cabling
_____	Generators
_____	1 to 50 Kw
_____	Over 50 Kw
_____	Transformers
_____	1 to 50 KVA
_____	Over 50 KVA

Total Fees: \$335
Estimated Cost: \$335

D. Certification

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes

Signature of Applicant: *Bethany Kline*
 Address: 22461 Shaw Rd. Dulles, VA 20166
 Name (print): Bethany Kline
 Date: 6/27/13
 Phone: 703-802-6231

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



ARLINGTON VIRGINIA

Arlington County, Virginia
Department of Community Planning, Housing and Development
Inspection Services Division

ELECTRICAL PERMIT APPLICATION

BRIAN BLYDENBURGH

Permit #: E1302826



* D 1 2 0 1 2 6 *

Important: Applicant to complete all non-shaded areas and mark or circle where applicable

Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application. Failure to do so may result in rejection and/or delay of the reviewing process.

Number and street suite Floor Phone at site if

1235 Clark St 8

Name Number and Street City

COMINT Systems Corp 7364 Steel Mill Dr Springfield

State Zip State License Number Arlington License Number Phone

VA 2215

Name Address Phone

Name Number and Street Phone

Name Number and Street Phone

Relevant Building Permit:

B/30179.7
Total Fees \$157.38
Estimated Cost \$75,000

Building Type Single Family Town house Commercial All Other
Type of Work Addition to Building Alteration

Classification of Work		Systems Furniture	
QTY	Description	Cubicles count	
	Circuits		
	Fixtures, Switches, Receptacles		
	Receptacles over 20 Amps		
	Indoor Signs		
	Outdoor Signs		
	Temporary Installation		
	Disconnects		
	Service Equipment		
	Up to 500 Amps.		
	501 to 1600 Amps.		
	Motors		
	1/4 to 5 HP		
	6 to 25 HP		
	26 to 50 HP		
	51 to 75 HP		
	Over 75 HP		
	Other		
	Miscellaneous		
	Swimming Pools		
	Com. Preventive Maintenance		
	Other Elec. work (describe)		
	Low Voltage		
	Fixed Appliances		
	A/C Heat Pump		
	Dish Washer		
	Disposal		
	Generators		
	1 to 50 Kw		
	Over 50 Kw		
	Transformers		
	1 to 50 KVA		
	Over 50 KVA		

Certification
I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes

Signature of Applicant: [Signature]
Address: 7364 Steel Mill Dr Springfield VA
Name (print): Brian Blydenburgh
Date: 10/24/13
Phone: 239 560 7836

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division
ELECTRICAL PERMIT APPLICATION

Arlington County, Va./Applications/ISD/00-000/05-08

A

Customer's Information

Number and street suite Floor Phone at site if available
 1235 S. CLARK ST., Arlington, VA Suite 505 5th Floor
 Name Number and Street City
 GR ELECTRIC, LLC 2705134891A BLC-1000891763-02 571.238.4732
 State Zip State License Number Arlington License Number Phone
 7402 Parrish Lane Manassas, VA 20111
 Name Address Phone
 CHINOOK Number and Street Phone
 Estimated Cost
 \$2,100.00

B

Job Description

Building Type Single Family Town house Commercial All Other
 Type of Work New Addition to Building Alteration

C

Classification of Work

QTY	Description
12	Circuits
	Fixtures, Switches, Receptacles
	Receptacles over 20 Amps
	Indoor Signs
	Outdoor Signs
	Temporary Installation
	Disconnects
Service Equipment	
	Up to 500 Amps.
	501 to 1600 Amps.

D

Certification

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes

Signature of Applicant _____ Date 04/24/15
 Address 7402 Parrish Lane Manassas, VA 20111 Name (print) Raul Garcia Phone 571.238.4732

RAUL GARCIA
 Permit #: E1601070

Relevant Building Permit: B1500856

Important: Applicant to complete all non-shaded areas and mark or circle where applicable.
Important: Applicant must fill ALL four (4) sections "A, B, C, and D" of this application.
Failure to do so may result in rejection and/or delay of the reviewing process.

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



ARLINGTON
VIRGINIA

Arlington
Department of Community P
Inspection
ELECTRICAL PE

ROBERT JONES

Permit #: E1602632



* 0 1 9 6 6 2 3 *

ment

Arlington County, Va./Applications/ISD/00-000/05-08

A Customer's Information

Job Address
Number and street suite 507 5
1235 S Clark Street

Contractor
Name Circuit Electric Inc 7636A Standish Place Rockville
State License Number Arlington License Number
MD 26885 270639764 BLC-6613-02 30181650178

Legal Owner

Tenant Name
(If applicable)
Name General Dynamics 1235 S Clark Street

Job Description
Building Type Single Family Town house Commercial All Other
Type of Work New Addition to Building Alteration

Do not write here
Permit Number **E**
Relevant Building Permit **B**
Total Fees
Estimated Cost \$5,000

B Classification of Work

QTY	Description
	Circuits
	Fixtures, Switches, Receptacles
	Receptacles over 20 Amps
	Indoor Signs
	Outdoor Signs
	Temporary Installation
	Disconnects
	Service Equipment
	Up to 500 Amps.
	501 to 1600 Amps.

Systems Furniture	
	Dryer
	Furnace
	Range
	Water Heater
	Electric Heat Kw.
	Commercial Cooking Appliances
	Generators
	1 to 50 Kw
	Over 50 Kw
	Transformers
	1 to 50 KVA
	Over 50 KVA

C

Motors

	1601 to 3000 Amps.
	Over 3000 Amps.
	Temp. Power (TPF including Sub-Metering)
	Sub Panels
	Motors
	1/4 to 5 HP
	6 to 25 HP
	26 to 50 HP
	51 to 75 HP
	Over 75 HP
	Other

D

Signature of Applicant
Andrew Bernstein

Address
7636A Standish Place Decwood MD

Name (print)
Andrew Bernstein

Date
9/11/15

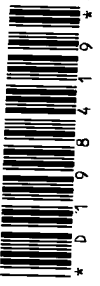
Phone
301-320-5452

D Certification

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.

BILLY INSCOE
Permit #: E1602660



Filing Fee: \$14.23
Total Fee: \$14.23

Department of Community Planning, Housing and Development
Services Division (building.arlingtonva.us)
ARLINGTON 2100 Clarendon Blvd., Suite 1000, Ph: 703-228-3800 Fax: 703-
VIRGINIA
ELECTRICAL PERMIT APPLICATION

Building Permit # B1502022

Job Address 1235 South Clark Street
Number and street
Address
Floor 13
Suite 1300
Permit holder:
 Legal Owner
 Contractor

Legal Owner
Name
Address
Phone

Contractor (if applicable)
Name
VA State License Number 2705111508
Arlington Business License Number BLC-1000025136-02

Number and Street 38592 BRETT WAY
City MECHANICSVILLE MD
State MD
Zip 20659
Phone 301-472-4546

Tenant (if applicable)
Name
Number and Street INTERNATIONAL JUSTICE MISSION 1235 S CLARK ST.

Job Description
Building Type Single Family Town house Commercial All Other
Type of Work New Addition to Building Alteration
Estimated Cost \$20,000.00

Classification of Work		Systems Furniture	Fixed Appliances
QTY	Description	Cubicles Count	A/C Heat Pump
18	Circuits	20	Dishwasher
42	Fixtures, Switches, Receptacles	Miscellaneous	Disposal
	Receptacles over 20 Amps	Swimming Pools	Dryer
	Indoor Signs	Com. Preventive Maintenance	Furnace
		Other Electrical Work (Describe)	Range
			Water Heater
			Electrical Heat Kw
			Commercial Cooking Appliance
			Transformers
			1 to 50 KVA
			Over 50 KVA

Service Equipment
Up to 500 Amps
501 to 1600 Amps
1601 to 3000 Amps
Over 3000 Amps
Temp. Power (Temp Pending
Final, including sub-metering)
Sub Panels

Motors
1/4 to 5 HP
6 to 25 HP
26 to 50 HP
51 to 75 HP
Over 75 HP
Other

Generators
1 to 50 Kw
Over 50 Kw

Generators
1 to 50 Kw
Over 50 Kw

Generators
1 to 50 Kw
Over 50 Kw

Certification
I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the Virginia Public Records Act and may be subject to release under the Virginia Freedom of Information Act.

Signature of Applicant
Number and Street
38592 BRETT WAY
City MECHANICSVILLE MD
State MD
Zip 20659
Phone 301-751-7322
Email Address INSCOE@MD.METROCAST.NET

38592 BRETT WAY
City MECHANICSVILLE MD
State MD
Zip 20659
Phone 301-751-7322

Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the work commences. There may be additional requirements, depending on the type of work.
Initials WA Date 9/28/2015



Arlington County, Virginia
 Department of Community Planning, Housing and Development
 Inspection Services Division
ELECTRICAL PERMIT APPLICATION

SAUL CHAM
 Permit #: E1502837



A	Customer's Information	Important: Applicant to complete all non-shaded areas and mark or circle where applicable. Applicant must fill ALL four (4) sections 'A, B, C, and D' of this application. Failure to do so may result in rejection and/or delay of the reviewing process.			Permit Number E																																																										
	Job Address	Number and street 1235 South Clark Street	Suite 507	Floor 5	Phone at site if available																																																										
	Contractor	Name Genesis Security Systems	20310 Seneca Meadows Parkway Suite A	City Germantown	Relevant Building Permit B																																																										
	Legal Owner	State MD	Zip 20876	Arlington License Number BLC-1000034422-02	Total Fees																																																										
	Tenant Name (If applicable)	Name GDIT	Address 1235 South Clark Street	City Germantown	Estimated Cost \$6,635.00																																																										
B	Job Description	Building Type <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Town house <input type="checkbox"/> Commercial	Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition to Building <input type="checkbox"/> Alteration	<input type="checkbox"/> All Other																																																											
C	Classification of Work	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">QTY</td> <td style="width: 90%;">Description</td> </tr> <tr> <td> </td> <td>1601 to 3000 Amps.</td> </tr> <tr> <td> </td> <td>Over 3000 Amps.</td> </tr> <tr> <td> </td> <td>Temp. Power (TPF including Sub-Metering)</td> </tr> <tr> <td> </td> <td>Sub Panels</td> </tr> <tr> <td> </td> <td>Motors</td> </tr> <tr> <td> </td> <td>1/4 to 5 HP</td> </tr> <tr> <td> </td> <td>6 to 25 HP</td> </tr> <tr> <td> </td> <td>26 to 50 HP</td> </tr> <tr> <td> </td> <td>51 to 75 HP</td> </tr> <tr> <td> </td> <td>Over 75 HP</td> </tr> <tr> <td> </td> <td>Other</td> </tr> <tr> <td> </td> <td>Systems Furniture</td> </tr> <tr> <td> </td> <td>Cubicles count</td> </tr> <tr> <td> </td> <td>Miscellaneous</td> </tr> <tr> <td> </td> <td>Swimming Pools</td> </tr> <tr> <td> </td> <td>Com. Preventive Maintenance</td> </tr> <tr> <td> </td> <td>Other Elec. work (describe)</td> </tr> <tr> <td> </td> <td>Alarm System</td> </tr> <tr> <td> </td> <td>Fixed Appliances</td> </tr> <tr> <td> </td> <td>A/C Heat Pump</td> </tr> <tr> <td> </td> <td>Dish Washer</td> </tr> <tr> <td> </td> <td>Disposal</td> </tr> <tr> <td> </td> <td>Generators</td> </tr> <tr> <td> </td> <td>1 to 50 Kw</td> </tr> <tr> <td> </td> <td>Over 50 Kw</td> </tr> <tr> <td> </td> <td>Transformers</td> </tr> <tr> <td> </td> <td>1 to 50 KVA</td> </tr> <tr> <td> </td> <td>Over 50 KVA</td> </tr> </table>				QTY	Description		1601 to 3000 Amps.		Over 3000 Amps.		Temp. Power (TPF including Sub-Metering)		Sub Panels		Motors		1/4 to 5 HP		6 to 25 HP		26 to 50 HP		51 to 75 HP		Over 75 HP		Other		Systems Furniture		Cubicles count		Miscellaneous		Swimming Pools		Com. Preventive Maintenance		Other Elec. work (describe)		Alarm System		Fixed Appliances		A/C Heat Pump		Dish Washer		Disposal		Generators		1 to 50 Kw		Over 50 Kw		Transformers		1 to 50 KVA		Over 50 KVA
QTY	Description																																																														
	1601 to 3000 Amps.																																																														
	Over 3000 Amps.																																																														
	Temp. Power (TPF including Sub-Metering)																																																														
	Sub Panels																																																														
	Motors																																																														
	1/4 to 5 HP																																																														
	6 to 25 HP																																																														
	26 to 50 HP																																																														
	51 to 75 HP																																																														
	Over 75 HP																																																														
	Other																																																														
	Systems Furniture																																																														
	Cubicles count																																																														
	Miscellaneous																																																														
	Swimming Pools																																																														
	Com. Preventive Maintenance																																																														
	Other Elec. work (describe)																																																														
	Alarm System																																																														
	Fixed Appliances																																																														
	A/C Heat Pump																																																														
	Dish Washer																																																														
	Disposal																																																														
	Generators																																																														
	1 to 50 Kw																																																														
	Over 50 Kw																																																														
	Transformers																																																														
	1 to 50 KVA																																																														
	Over 50 KVA																																																														
D	Certification	I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes.																																																													
	Signature of Applicant	Address 20310 Seneca Meadows Parkway, Germantown, MD 20876	Name (print) Pat Reese	Date 10/9/2015	Phone (301) 515-4400																																																										

NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work. If no work has begun, the permit may be returned within six (6) months with a request for cancellation and a refund for the portion of the work which was not completed.



Department of Community Planning, Housing and Development Inspec Services Division (building.arlingtonva.us)
 ARLINGTON 2100 Clarendon Blvd., Suite 1000, Ph: 703-228-3800 Fax: 703-228-7



* D 2 2 2 2 9 1 *

ELECTRICAL PERMIT APPLICATION

Building Permit # **B1503536**

ERIC CLAY
 Permit #: E1601027

Job Address Number and street 1235 S. CLARK ST.		Floor 1ST		Suite 7033835766		Phone at site, if available 7033835766		Permit holder: <input type="checkbox"/> Legal Owner	
Legal Owner Name EARTH TREKS		Address 1235 S CLARK ST.		Phone 7033835766		Arlington Business License Number BLC-1000051953-02		<input checked="" type="checkbox"/> Contractor	
Contractor (if applicable) Name PROTECTION 1 SECURITY		VA State License Number 2705105226		City BELTSVILLE		State MD		Zip 20705	
Tenant (if applicable) Name EARTH TREK		Number and Street 1235 S CLARK ST.		City BELTSVILLE		State MD		Zip 20705	
Job Description		Building Type <input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> All Other		Type of Work <input type="checkbox"/> New <input type="checkbox"/> Addition to Building <input type="checkbox"/> Alteration		Estimated Cost 4900		Fixed Appliances	
Classification of Work		Systems Furniture		Generators		Transformers			
QTY Description		QTY Description		QTY Description		QTY Description		QTY Description	
Circuits		Outdoor Signs		Miscellaneous		A/C Heat Pump		Dishwasher	
Fixtures, Switches, Receptacles		Temporary Installation (< 90 days)		Swimming Pools		Disposal		Dryer	
Receptacles over 20 Amps		Disconnects		Com. Preventive Maintenance		Furnace		Range	
Indoor Signs				Other Electrical Work (Describe)		Water Heater		Electrical Heat Kw	
Service Equipment		Motors		LOW VOLTAGE SECURITY DEVICES		Commercial Cooking Appliance			
Up to 500 Amps		1/4 to 5 HP				1 to 50 KVA		Over 50 KVA	
501 to 1600 Amps		6 to 25 HP							
1601 to 3000 Amps		26 to 50 HP							
Over 3000 Amps		51 to 75 HP							
Temp. Power (Temp Pending Final, including sub-metering)		Over 75 HP							
Sub Panels		Other							
Certification		I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the Virginia Public Records Act and may be subject to release under the Virginia Freedom of Information Act.							
Signature of Applicant <i>Eric T. Clay</i>		Print Name ERIC T. CLAY		Email Address ERICCLAY@PROTECTION1.COM		City BELTSVILLE		State MD	
Number and Street 12301 KILN CT SUITE A		City BELTSVILLE		State MD		Zip 20705		Phone 4104194198	
<p>Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the work commences. There may be additional requirements, depending on the type of work.</p>									
								Initials <i>ETC</i> Date <i>4/26/2014</i>	



Department of Community Planning, Housing and Economic Development
 ARLINGTON VIRGINIA
 Services Division (building permit)
 2100 Clarendon Blvd., Suite 1000, Ph: 703-228-3800
ELECTRICAL PERMIT A

GARY BRENT
 Permit #: E1602066



E1602056

Building Permit # B162117		Total Fee:	
Job Address: 1235 S. CLARENDON ST		Phone at site, if available:	
Legal Owner: CEC Square Land LLC	Address: 1235 S. CLARENDON ST	Permit holder: <input type="checkbox"/> Legal Owner	<input checked="" type="checkbox"/> Contractor
Contractor (if applicable): Jackstone Signs	VA State License Number: 2701019401	Arlington Business License Number: BLC1000060723-02	
Tenant (if applicable): Leminion Naboree	City: Carver	State: MD	Zip: 20785
Number and Street: 251 18th Street NW		Phone: 301-302-3323	
Building Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Town house <input checked="" type="checkbox"/> Commercial		All Other: <input type="checkbox"/>	
Type of Work: <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition to Building		Alteration: <input type="checkbox"/>	
Classification of Work:		Estimated Cost: \$0.00	
QTY	Description	QTY	Description
	Circuits		Outdoor Signs
	Fixtures, Switches, Receptacles		Temporary Installation (< 90 days)
	Receptacles over 20 Amps		Disconnects
	Indoor Signs		Motors
	Service Equipment		1/4 to 5 HP
	Up to 500 Amps		6 to 25 HP
	501 to 1600 Amps		26 to 50 HP
	1601 to 3000 Amps		51 to 75 HP
	Over 3000 Amps		Over 75 HP
	Temp. Power (Temp Pending Final, including sub-metering)		Other
	Sub Panels		
Certification: I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code, the Zoning Ordinance, and Arlington County codes. By submitting this form I acknowledge that this document is considered to be a Public Record under the Virginia Public Records Act and may be subject to release under the Virginia Freedom of Information Act.		Fixed Appliances:	
Signature of Applicant: Gary Brent		A/C Heat Pump	
Number and Street: 5609 Wilkens Ave		Dishwasher	
City: Clarendon		Disposal	
State: MD		Dryer	
Zip: 21228		Furnace	
Email Address: GARY BRENT@MGPERMITS.COM		Range	
Phone: 410-502-0053		Water Heater	
Initials: GB		Electrical Heat Kw	
Date: 5/4/16		Commercial Cooking Appliance	
		Transformers	
		1 to 50 KVA	
		Over 50 KVA	

Note: Bring application, along with additional submission documents to: 2100 Clarendon Blvd., Suite 1000, Ph: 703-228-3800. This permit shall become invalid if the authorized work is not started and an approved inspection completed within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the work commences. There may be additional requirements, depending on the type of work.

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF COMMUNITY PLANNING, HOUSING AND DEVELOPMENT
INSPECTION SERVICES DIVISION**

ELEVATOR APPLICATION

411

JOB ADDRESS	NUMBER AND STREET 1235 S. Clark St.	SUITE	FLOOR
LEGAL OWNER OF BUILDING	NAME Crystal Gateway I	TELEPHONE	FAX
	ADDRESS 1235 S. Clark St., Arlington, VA		
CONTRACTOR	NAME Elevator Modernization Co., Inc.	TELEPHONE (301) 324-8500	FAX (301) 324-8514
	ADDRESS 9101 East Hampton Dr., Capitol Heights, MD 20743		
	STATE LICENSE NO. 2105106548 A	BUSINESS LICENSE NO. 09788003	
TENANT	NAME Crystal Gateway I	BUILDING PERMIT NO.	

PERMIT NO. E1V07079
INSP. SERV. DIV.
FEE \$ 1,221.00
ZONING

TYPE OF BUILDING:
 Residential
 All Other

TYPE OF WORK:
 New Building Addition to Building
 Other Alterations

ESTIMATED VALUE
 \$ 260,000.00

OK, SUBJECT TO FIELD INSPECTION & FIELD CHANGE. MUST BE

CLASSIFICATION OF WORK:

Quantity	Description	# Floors	Quantity	Description	# Floors
8	Passenger Elevator	_____	_____	Manlift	_____
_____	Freight Elevator	_____	_____	Repair of Existing Elevator (describe below)	_____
_____	Escalator	_____	_____	Certificates	_____
_____	Dumbwaiter - Power	_____	_____	Other:	_____
_____	Dumbwaiter - Hand	_____	_____	Accessibility Lifts	_____

INSPECTED BY NRLC. BEFORE ANY CAR IS RELEASED. 11/27/2007
 REM

NEW INSTALLATION (complete for each type of elevator):

Building Material See Attached Scope of Work # of Floors See Attached
 Type of Elevator 8 Passenger, 1 Freight Quantity 8
 Size of Car X Weight 0 Platform Area _____
 Capacity of Car _____ Speed Per Minute _____ Travel Height _____
 Will machine be capable of lifting 75 lbs. per sq. ft. of floor area? _____
 Motive Power: AC _____ DC _____ Volts _____ Amperes _____ HP _____
 Number of Hoisting Ropes _____ Material _____ Diameter _____
 Size and Material of Governor _____ # of Safeties _____
 Refuge Area Height _____ Thickness of Machine Room Slab _____
 Size and Material of Car Guide Rails _____ Wt. per Foot _____
 Size and Material of Counterweight Rails _____ Wt. per Foot _____

DESCRIBE REPAIR WORK:

See Attached Scope of Work

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Code, the Zoning Ordinance, and other provisions of the codes of Arlington County and the Commonwealth of Virginia.

Signature of Owner or Authorized Agent Marlin Sullivan Phone No. (301) 324-8500
 Address 9101 East Hampton Dr. Capitol Heights, MD 20743 FAX No. (301) 324-8514
 Name (Print) Marlin Sullivan Date 9/19/07

EMCO Job Name:	Order Date
Crystal Gateway I	8/13/2007
EMCO Job Number	Customer Required Date
3158 - VA	

Promised Leadtime is 14 to 16 Weeks from receipt of All Required Approvals and Drawings (ARAD).

Sold To:	Sigal Construction Co.	Job Site Address	1235 S. Clark St.
	2231 Crystal Drive		Arlington, VA
	Suite 200		
	Arlington, VA 22202		

Customer Contact: Sarah Norman		Email:	
Phone # (703) 302-1501	Cell #	Fax # (703) 203-1520	
Manufacturing Hours: 800	Installation Hours: 450	Material: \$96,785.00	
Base Contract: \$260,000.00	PO#: Contract	Terms: Net 30 Days	
Total Contract: \$260,000.00			

Proposal Description

EMCO ELEVATOR CO. proposes the following work in accordance with drawings dated 4/17/07 and relating specifications.

- DEMOLITION - and removal of existing materials to accommodate new finishes.
- CEILING/LIGHTING - Furnish and install a custom drop ceiling in each elevator constructed of wood substrate faced with perforated satin finish stainless steel. The visible area through perforations will be black laminate. Ceiling to incorporate new custom perimeter light system as follows: Linear product by NULUX with natural aluminum finish, 20W MR16/NSP lamps, 12 Volt. Fully recessed continuous tungsten-halogen grazing wall washer with lamps 5" o.c., spread lenses, spring-hinge re-lamping mechanism, remote transformer and autotransformer dimmer located above.
- WALLS - Furnish and install custom back painted glass wall paneling in each elevator by Fuller Phoenix incorporating #4 satin finish stainless steel trim at areas shown. Panel configuration to be horizontal panels has shown in drawing A-804.
- HANDRAILS - Furnish and install a custom handrail to the rear wall in each passenger elevator constructed of 1½" diameter satin finish stainless steel tubing with custom wall mount. Handrail installed to the rear wall only as per drawing A-804.
- BASE/FRIEZE/REVEALS - Furnish and install new #4 satin finish stainless steel to these said areas as per drawing A-804.
- FRONTS - Clad existing stationary fronts and transom in #4 satin finish stainless steel.
- FLOORING - By others.

Cost Per Elevator. \$31,450.00 x 7 (Front Opening)
 Cost Per Elevator. \$27,450.00 x 1 (Front /Rear Opening)

ALTERNATES -

- Provide the materials and labor necessary to clad (1) one set of hoistway doors in #4 satin finish stainless steel. NOTE - Doors to be removed, shipped to Emco's shop facility, and reinstalled by others. NOTE - EMCO has agreed to transport doors during cab renovation.
 Cost per Set: \$675.00 x 8
- Provide the materials and labor necessary to clad (1) one existing hoistway frame in #4 satin finish stainless steel.
 Cost per Set: \$875.00 x 8

TERMS & CONDITIONS

Submittal Lead-Time is 4-6 weeks after receipt of all pertinent information required for producing drawings.
 Installation will start approximately 14-16 weeks after receipt of all approved submittals.
 Installation of multiple elevators is to be performed in succession.
 Fabrication Lead-Times are contingent upon the availability of custom materials at time of order, e.g. - glass, light fixtures, wood veneer, stone, etc.
 Working Hours will be performed between the hours 7AM & 4PM Monday - Friday - not including holidays unless otherwise specified.
 Plastic Laminate finish(s) is to be selected from the manufacturer's standard colors including Nevamar, Formica and Wilsonart - unless otherwise



EMCO

FACSIMILE TRANSMITTAL SHEET

TO:	Elva Bryan	FROM:	Marlin Sullivan
COMPANY:	Arlington County Inspectors	DATE:	SEPTEMBER 20, 2007
FAX NUMBER:	703-228-7046	PAGES INCLUDING COVER:	
REFERENCE:	Crystal Gateway I		
JOB NUMBER:	#3158		
<input type="checkbox"/> URGENT <input checked="" type="checkbox"/> FOR REVIEW <input type="checkbox"/> PLEASE COMMENT <input checked="" type="checkbox"/> PLEASE REPLY <input type="checkbox"/> PLEASE RECYCLE			

Elva,

Attached are the Elevator Application, our Work Order, and 3 sets of shop drawings for the above referenced project.

Please call me with the cost of the permit once everything has been reviewed.

If you have any questions, feel free to give us a call.

Thank you,

Marlin Sullivan
Project Coordinator

ELEVATOR MODERNIZATION COMPANY, INC.
9101 EAST HAMPTON DRIVE, CAPITOL HEIGHTS, MD
20743
(301)324-8500 FAX (301)324-8544

ARLINGTON COUNTY, VIRGINIA
 DEPARTMENT OF COMMUNITY PLANNING, HOUSING AND DEVELOPMENT
 INSPECTION SERVICES DIVISION
REPORT OF ELEVATOR INSPECTION
NOTICE OF VIOLATION

(Unless otherwise indicated, the time limit will be ten days)

COMPUTER # PTE0631
 ELV07076

Address 1235 S. CLARK ST. File Number 411
 Name of Building CRYSTAL GATEWAY I Total Number of Elevators in Building 8

SCHINDLER		
TYPE OF INSPECTION		
	EXISTING (Indicate Car Number)	NEW CONSTRUCTION (Indicate Car Number)
Annual	Recheck on Repairs	Final OK
Three-Year	Approved	Hold
Five-Year	Disapproved <u>CAR #5</u>	Recheck
Gov Speed & Safety Test	—	—
Full Mt Hydro Test	—	—
Car Speed Full Mt	—	—
Buffer Cut & Car	—	—
Hoistway Inspection	—	—
Pit Inspection	—	—
Cab Inspection	—	—
Phase I & II	—	—
Emergency Gen 1yp-5yr.	—	—
Men & Material Only	—	—

Comments Etc. — CAR #5 MUST BE SHUT DOWN UNTIL CAB FLOOR IS REPAIRED OR REPLACED

Roger E. Sheehan INSPECTOR 4/29/2008 DATE

411

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF COMMUNITY PLANNING, HOUSING AND DEVELOPMENT
INSPECTION SERVICES DIVISION

ELEVATOR APPLICATION

Cristal Gateway ①

5100109986-

JOB ADDRESS	NUMBER AND STREET 1235 S. Clark St	SUITE	FLOOR 8
LEGAL OWNER OF BUILDING	NAME EMOR Facilities Service	TELEPHONE	FAX
	ADDRESS 320 23rd St. S. Ste. 100, Arlington Va 22202		
CONTRACTOR	NAME Schindler Elevator Corporation	TELEPHONE 301-419-7700	FAX 301-419-7701
	ADDRESS 12000 Indian Creek Court, Beltsville, Md 20705		
	STATE LICENSE NO. 2701-018714a	BUSINESS LICENSE NO. BLIX054697003	
TENANT	NAME	BUILDING PERMIT NO.	

PERMIT NO. E1V07076
INSP. SERV. DIV.
FEE \$ 849.61
ZONING

TYPE OF BUILDING:

- Residential
- All Other

TYPE OF WORK:

- New Building
- Addition to Building
- Other Alterations

ESTIMATED VALUE \$ 137,307.00

CLASSIFICATION OF WORK:

Quantity	Description	# Floors	Quantity	Description	# Floors
8	Passenger Elevator	8		Manlift	
	Freight Elevator		8	Repair of Existing Elevator (describe below)	
	Escalator			Certificates	
	Dumbwaiter - Power			Other:	
	Dumbwaiter - Hand			Accessibility Lifts	

NEW INSTALLATION (complete for each type of elevator):

Building Material _____ # of Floors _____

Type of Elevator _____ Quantity _____

Size of Car _____ X _____ Weight _____ Platform Area _____

Capacity of Car _____ Speed Per Minute _____ Travel Height _____

Will machine be capable of lifting 75 lbs. per sq. ft. of floor area? _____

Motive Power: AC _____ DC _____ Volts _____ Amperes _____ HP _____

Number of Hoisting Ropes _____ Material _____ Diameter _____

Size and Material of Governor _____ # of Safeties _____

Refuge Area Height _____ Thickness of Machine Room Slab _____

Size and Material of Car Guide Rails _____ Wt. per Foot _____

Size and Material of Counterweight Rails _____ Wt. per Foot _____

DESCRIBE REPAIR WORK:

remove & replace main & aux COP's w/ CE LED + Knistle - Complaint from
by others re-clad main lobb? Hatch Doors (R&R) + car doors.
R&R car sills - (9)
R&R hatch sills a main lobb?

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Code, the Zoning Ordinance, and other provisions of the codes of Arlington County and the Commonwealth of Virginia.

Signature of Owner or Authorized Agent

Anna Bolkovac

Phone No.

301-419-7700 / 202.431.0300

Address 12000 Indian Creek Ct., Beltsville, Md. 20705

FAX No.

Name (Print) William McHenry / ANNE BOLKOVAC

Date

8-20-07

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF COMMUNITY PLANNING, HOUSING AND DEVELOPMENT
INSPECTION SERVICES DIVISION

ELEVATOR APPLICATION

411

Form with fields: JOB ADDRESS (1235 S. Clark St.), LEGAL OWNER OF BUILDING (Crystal Gateway I), CONTRACTOR (Elevator Modernization Co, Inc.), TENANT (Crystal Gateway I)

Form with fields: PERMIT NO. (E1107079), INSPECTION DIV., FEE (\$1,221.00), ZONING

TYPE OF BUILDING:

- Residential
All Other

TYPE OF WORK:

- New Building
Addition to Building
Other Alterations

ESTIMATED VALUE \$260,000.00

CLASSIFICATION OF WORK:

Table with columns: Quantity, Description, # Floors. Includes entries for Passenger Elevator, Freight Elevator, Escalator, Dumbwaiter - Power, Dumbwaiter - Hand, and Accessibility Lifts.

NEW INSTALLATION (complete for each type of elevator):

Form with fields: Building Material (See Attached Scope of Work), Type of Elevator (Passenger, 1 Freight), Size of Car, Capacity of Car, Speed Per Minute, Travel Height, etc.

DESCRIBE REPAIR WORK:

Form with field: See Attached Scope of Work

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Building Code, the Zoning Ordinance, and other provisions of the codes of Arlington County and the Commonwealth of Virginia.

Signature of Owner or Authorized Agent (Martin Sullivan), Address (9101 East Hampton Dr, Capital Heights, MD 20743), Phone No. (301) 324-8500, Date 9/19/07