



**City of Alexandria ESI Review  
(ALXER) Program  
Processing Application**



4795 Meadow Wood Lane, Suite 115 East, Chantilly, VA 20151  
www.esinova.org

**Instructions:** The City of Alexandria has contracted with the Engineers & Surveyors Institute to provide a Minimum Submission Review (MSR) for DSUP and DSP Plans. The information requested below is used only to track the plan and insure that the Applicant's deposit is properly applied to this project. **Please fill out all information requested below.**

Receipt of the deposit will start the City of Alexandria ESI Review process. **No review can commence until the deposit is received!** Once the plan is approved or withdrawn, the unused portion of the deposit will be returned to the contact organization listed below with an accounting of all expenditures.

**Please Print Clearly! Incomplete form will be returned. Form must be signed and dated at bottom.**

**Project Name:** \_\_\_\_\_

**Contact Engineer Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contact Office Phone:** \_\_\_\_\_ **Contact FAX:** \_\_\_\_\_ **Contact Cell:** \_\_\_\_\_

**Contact Organization Principal, E-mail and Address:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Plan Submission Type:**       **Electronic**       **Paper Copy**

**Please indicate application type by checking the box:**

**DSUP**      **\$5000**       **DSP**      **\$5000**

**Payment Method:**       **Check (payable to City of Alexandria ESI Review)**

**Applicant's Check Information**

**Bank Name:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Agreement:** The purpose of the Loudoun County ESI Review Program is to improve the quality of the plans being submitted, shorten the review times for applicants and County staff, reduce the amount of review required and achieve a more predictable process of plan approval. The Applicant or Applicant Representative indicated above, by signature below, (1) permits ESI to deduct approved charges for conducting the reviews under this program, (2) agrees to provide additional deposits if so required, and (3) understands that the unused portion of the deposit will be returned only upon approval or official withdrawal of the plan from the County process. If a plan is withdrawn, the Applicant must notify ESI in writing to CLOSE the plan account. The deposit is subject to a processing fee of \$75. Other fees may be applicable for services such as Web-based Comment and Response (WCR), courier or overnight delivery, additional reports, credit card usage, etc, as may be requested.

\_\_\_\_\_  
Signature of Applicant or Applicant's Representative

\_\_\_\_\_  
Date

**ESI USE ONLY:** Date Submitted: \_\_\_\_\_ Project #: \_\_\_\_\_  **WCR**