

APPLICATION FOR SANITARY SEWER LATERAL CONNECTION



CITY OF ALEXANDRIA, VIRGINIA
TRANSPORTATION & ENVIRONMENTAL SERVICES
301 KING STREET, ROOM 4130
ALEXANDRIA, VA 22314
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Job Address:
Contractor:
Mailing Address:
Applicant Name: Email:
Office Telephone Number: Cell #:

Utility Company:
Mailing Address:
Utility Company Contact Person:
Field Supervisor/Foreman: Telephone #:
Cell #: Email:

Type of Excavation:
[] Sidewalk: [] Concrete [] Brick [] Utility/Grass Strip
[] Driveway Apron: [] Concrete [] Brick [] Street
[] Median: [] Concrete [] Brick

Size of Excavation: Length Width
Size of Sanitary Sewer Tap: in.
Invert Depth at Connection: ft.
Distance From The Nearest Manhole: ft.

Description of Work:

Work Area to Include: [] Lane Closure; [] Street Closure; [] Sidewalk Closure; [] Parking Spaces: Total No.

Begin Date: End Date:
Requested Work Hours:

Applicant Must Provide: Sketch showing work to be performed and a maintenance of traffic (MOT) plan. The MOT must be in compliance with the current version of the Virginia Work Area Protection Manual. (Note: Incomplete applications cannot be processed and will be returned.)

ALL DRAWINGS MUST BE A MINIMUM SIZE OF 8-1/2" X 11" AND MUST BE LEGIBLE, AND CONTAIN ALL REQUIRED INFORMATION. THREE (3) COPIES OF EACH DRAWING IS REQUIRED.

THE APPLICANT IS SOLELY RESPONSIBLE TO ADHERE TO ALL CONDITIONS ASSOCIATED WITH THIS PERMIT.

Applicant Signature: Date:

FOR OFFICE USE ONLY

Permit Number: Previous Permit Number:
Insurance Expiration Date: Bond Required: [] Yes; [] No; Amount:
Tap Fee Required: [] Yes; [] No; Tap Fee Paid: [] Yes; [] No