APPLICATION FOR EXCAVATION PERMIT

CITY OF ALEXANDRIA, VIRGINIA
TRANSPORTATION & ENVIRONMENTAL SERVICES
301 KING STREET, ROOM 4130
ALEXANDRIA, VA 22314
703-746-4035 (office); 703-838-6438 (fax)
alexandriava.gov

Job Address: _____
Contractor: _____
Mailing Address: _____
Applicant Name: _____ **Email:** _____
Office Telephone Number: _____ **Cell #:** _____

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

Type of Excavation:
- ☐ **Sidewalk:** ☐ Concrete ☐ Brick;
- ☐ **Driveway Apron:** ☐ Concrete ☐ Brick;
- ☐ **Median:** ☐ Concrete ☐ Brick
- ☐ **Utility/Grass Strip;**
- ☐ **Street;**

Size of Excavation: **Length** _____ **Width** _____
Depth _____ **Storm/Sanitary Depth** _____

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 area and dimensions of excavation.
- ☐ Maintenance of traffic (MOT) plan. The MOT must be in compliance with the current version of the Virginia Work Area Protection Manual.

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:** _____
Ins. Exp. Date: _____ **Bond Required:** ☐ Yes ☐ No; **Amount:** _____
Approved: _____ **Denied:** _____
Comments: _____
_____
_____
_____