APPLICATION FOR RIGHT-OF-WAY 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:** _____

Description of Work: _____
_____
_____
_____

Proposed Use of Right-of-Way (Please Select All That Apply):

- ☐ Lane Closure (# of Parking Spaces _____)
- ☐ Close Sidewalk
- ☐ Partial Sidewalk Closure
- ☐ Crane/Manlift (# of Parking Spaces _____)
- ☐ Temporary Fencing
- ☐ Trailer (# of Parking Spaces _____)
- ☐ Dumpster/POD** (# of Parking Spaces _____)
- ☐ Road Closure (# of Parking Spaces _____)
- ☐ Curb Crossing (Minor or Major)
- ☐ Ladder/Scaffolding
- ☐ Ingress/Egress
- ☐ Stock Pile (# of Parking Spaces _____)
- ☐ Solicitation of Funds
- ☐ Other _____

** Container Supplied By: _____

Begin Date: _____ **End Date:** _____
Requested Work Hours: _____

Applicant Must Provide:

☐ Sketch showing work area.
☐ 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:** _____
General Liability Insurance Expiration Date: _____
Approved: _____ **Denied:** _____
Comments: _____
_____
_____