



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:
Office Telephone Number: 301-549-1950
Email:
Cell #: 301-440-6957

Utility Company: N / A
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):

- Checkboxes for Lane Closure, Close Sidewalk, Partial Sidewalk Closure, Crane/Manlift, Temporary Fencing, Trailer, Dumpster/POD, Road Closure, Curb Crossing, Ladder/Scaffolding, Ingress/Egress, Stock Pile, Solicitation of Funds, Other.

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: