ARLINGTON COUNTY, VIRGINIA

DEPARTMENT OF ENVIRONMENTAL SERVICES, DIVISION OF TRANSPORTATION
2100 CLARENDON BOULEVARD, SUITE 813, ARLINGTON, VA 22201
PHONE: 703-228-3629 | ON THE WEB: www.arlingtonva.us

APPLICATION FOR TRANSPORTATION RIGHT-OF-WAY PERMIT

ALL APPLICANTS MUST COMPLETE ITEMS 1 THRU 24 **PERMIT PROCESSING REQUIRES AT LEAST 72 HRS FROM DATE OF SUBMISSION**

Application Information	Permit No.	Application Date
Applicant Information	**1. Name**	**Company Full Legal Name (if applicable)**
	2. Name of Representative (First, Middle Initial, Last)	**3. Title of Representative**
	4. Telephone No.	**5. Cellular Phone No. 6. Fax. No.**
	7. Address	**8. City, State, Zip Code**
	9. State Contractor's License No.	**10. Arlington Business License No.**
Owner of Real Property Served by Work (if applicable)	**11. Name**	**12. Telephone No.**
	13. Property Address	**14. City, State, Zip Code**

15. Street Name & Address (Exact location of proposed Work or Activity):_____

16. Block Number Between _____ **And** _____ **Linear Feet of Work:** _____

17. From Date _____ **To Date** _____**Time** _____ **No. of Calendar Days** _____

18. Purpose of Work, Activity or Use of Public Right-of-Way ("Work") (Check & circle all applicable)

☐ **Block Party:** Are parking meters to be blocked? ☐ No ☐ Yes.
If yes, provide meter number for each meter? _____

☐ **Construction Equipment:** Type: _____

☐ **Crane/Dumpster/Trailer/Truck:** Type & dimension: _____

☐ **Lane Closure:** Are parking meters to be blocked? ☐ No ☐ yes, if yes, provide meter number for each meter?

_____

☐ **Moving Van: (No more than 48 hours allowed)** Type & dimension: _____

☐ **Overweight/Oversized Vehicle.** What is being transported? _____Gross Weight _____

Move an oversized/overweight vehicle from _____ to job site at _____ using the following streets:
(Full description of the entire route) _____

_____

☐ **Parking Meter Closure:** Are parking meters to be blocked? ☐ No ☐ Yes If yes, provide meter number for each meter?

_____

☐ **Portable Storage Device (PSD):** (maximum 30 days non-renewable)**/ Dumpster:** Dimension: _____

☐ **Sidewalk Closure:** Are parking meters to be blocked? ☐ No ☐ Yes . If yes, provide meter number for each meter?

_____

I hereby certify that: I have the full authority to make the foregoing Application as, or on behalf of, the Applicant; the information in this Application and the required submittals are complete and correct; the Work and facilities to be installed shall comply with all laws of the Commonwealth of Virginia, and all ordinances, rules, regulations, policies, and special conditions of the County and of the County Board of Arlington County, Virginia.

19. Signature of Applicant: _____ **20. Date:** _____

21. Print Name: _____**22. Telephone No.:** _____

23. Company Full Legal Name (if applicable): _____ **24. Title of Representative** _____

*** Application must be accompanied by basic permit fee payment. Balance remaining on permit fee must be made before a Permit is issued.**