

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-BUSINESS HOURS FROM THE 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 _____ Time: _____ 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? If yes, provide meter number for each meter below.
- Moving Van: (No more than 48 hours allowed)** Dimension/linear feet _____
- Portable Storage Device (PSD):** (maximum 30 days non-renewable) Dimension/linear feet _____
- 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) _____
- Construction Equipment:** Bobcat Crane Dumpster Excavator Trailer/Truck Other _____
 Dimension & linear feet _____
- Lane Closure (Traffic Control Plan required).** Are parking meters to be blocked? No Yes If yes, provide meter number for each meter _____
- Sidewalk Closure: (Traffic Control Plan required)** Are parking meters to be blocked? Provide meter number for each meter. _____
- Parking Meter Closures: Provide meter number for each meter to be blocked.** _____

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 _____

* Applicant must obtain a permit before commencing work and pay in full before a permit is issued.