

ARLINGTON COUNTY, VIRGINIA

DEPARTMENT OF ENVIRONMENTAL SERVICES, DIVISION OF TRANSPORTATION
 2100 CLARENDON BOULEVARD, SUITE 1000, ARLINGTON, VA 22201
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APPLICATION FOR TRANSPORTATION RIGHT-OF-WAY PERMIT

PLEASE COMPLETE ITEMS 1 THRU 24

PERMIT PROCESSING REQUIRES 3 FULL BUSINESS DAYS FROM TIME OF SUBMISSION

Application Information	Permit No.	Application Date
Applicant Information	1. Name (First, Last)	Company Full Legal Name (if applicable)
	2. Name of Representative (First, Last)	3. Title of Representative
	4. Preferred Phone	5. Fax 6. Email address
	7. Address	8. City, State, Zip Code
	9. VA Contractor License #	10. Arlington Business License #
Owner of Real Property Served by Work (if applicable)	11. Name	12. Phone
	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 and answer all that apply)**

- Block Party:** Are parking meters or bus stops to be blocked? If yes, provide ID number for each blocked meter or stop below.
- Moving Van: (maximum 2 calendar days permitted)** Length in linear feet (include pull-out ramp) _____
- Portable Storage Device: (maximum 30 days permitted)** Width x length x height _____
- 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) _____
- Other :** (i.e. Mobile Services Van) _____ width x length in linear feet _____
- Construction Equipment:** Bobcat Crane Dumpster Excavator Trailer/Truck Dimension _____
- Travel/Parking Lane Closure: (Traffic Control Plan required)** Are parking meters or bus stops to be blocked? No Yes
 If yes, provide ID number for each blocked meter or stop below.
- Sidewalk Closure: (Traffic Control Plan required)** Are parking meters or bus stops to be blocked? No Yes
 If yes, provide ID number for each blocked meter or stop below.
- Parking Meter or Bus Stop Closures: Provide ID number for each meter or stop 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:** _____
 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.***