

# ARLINGTON COUNTY, VIRGINIA

DEPARTMENT OF ENVIRONMENTAL SERVICES, DIVISION OF TRANSPORTATION  
 2100 CLARENDON BOULEVARD, SUITE 800, ARLINGTON, VA 22201  
 PHONE: 703-228-3629 | EMAIL: [dsbcustserv@arlingtonva.us](mailto:dsbcustserv@arlingtonva.us)

## 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. <b>Name (First, Last)</b>	<b>Company Full Legal Name</b> (if applicable)
	2. <b>Name of Representative (First, Last)</b>	3. <b>Title of Representative</b>
	4. <b>Preferred Phone</b>	5. <b>Fax</b> 6. <b>Email address</b>
	7. <b>Address</b>	8. <b>City, State, Zip Code</b>
	9. <b>VA Contractor License #</b>	10. <b>Arlington Business License #</b>
Owner of Real Property Served by Work (if applicable)	11. <b>Name</b>	12. <b>Phone</b>
	13. <b>Property Address</b>	14. <b>City, State, Zip Code</b>

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.\***