



APPLICATION FOR EXCAVATION 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: _____ Email: _____
Office Telephone Number: _____ Cell #: _____

Utility Company: _____
Mailing Address: _____
Utility Company Contact Person: _____ Telephone #: _____
Field Supervisor/Foreman: _____
Cell #: _____ Email: _____

Type of Excavation: **Sidewalk:** Concrete Brick; **Utility/Grass Strip;**
 Driveway Apron: Concrete Brick; **Street;**
 Median: Concrete Brick

Size of Excavation: Length _____ Width _____
 Depth _____ Storm/Sanitary Depth _____

Description of Work: _____

Work Area to Include: Lane Closure; Street Closure; Sidewalk Closure; Parking Spaces: Total No. _____

Begin Date: _____ End Date: _____
Requested Work Hours: _____

Applicant Must Provide:
 Sketch showing work area and dimensions of excavation.
 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: _____
Ins. Exp. Date: _____ Bond Required: Yes No; Amount: _____
Approved: _____ Denied: _____
Comments: _____

