OF ALERAN DE ALE	APPLICATION FOR MOVEMENT OF OVER SIZE AND/OR OVER WEIGHT VEHICLES 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				
Project/Job Site Address:					
Begin Date:	End Date:		Time:		
To Haul (Equipment and/or Ma	aterials):				
Hauling To:					
Hauling From:					
Vehicle/Equipment Make:	Yo	ear: State a	nd License No.:		
Trailer Type:	St	ate and License N	lo.:		
	red By:				
Gross Weight:		lbs. Overall V	Vidth:	ft	in.
Maximum Weight Per Axle:		lbs. Overall Height:ft			in.
	ftin. Total Len to rear bumper, including load).	gth (including loa	ad):	_ft	in.
Company Name:		Phone Nu	mber:		
		_ City:	State:	Zip Code:	
Contact Name:	Phone N	No.:	Fax No.: _		
Email Address:					
resulting from any work or ope	ave the City of Alexandria, Virgin ration conducted under the autho o streets or highways, and to any o	rity of this permit	t. The applicant ag	grees to accept ful	1
Applicant's Signature:			Date:		
No movement is allowed betwee No movement is allowed on Sur No movement is allowed during		d 4:00 – 6:30 p.m	L		
Call (703) 838-4444 prior to mo	ve to arrange for police escort, wh	en this is indicate	ed on the issued pe	rmit.	
S:\consins\city hall\applications\overwe	ight vehicle appl (revised 09/11)				