



APPLICATION TO WORK WITHIN CITY RIGHT-OF-WAY

➤ DATE:	OFFICIAL USE ONLY PERMIT NO.:		
LOCATION OF WORK AND JOB INFORMATION			
Project Name: ➤	Falls Church, VA	Zip Code: ➤	
Street Address: ➤			
Primary Onsite Contact Name: ➤	Phone ➤	Start Date (or ASAP) ➤	Anticipated Duration ➤
➤ CHECK ALL APPLICABLE: <input type="checkbox"/> Curb/Sidewalk <input type="checkbox"/> Driveway Apron <input type="checkbox"/> Sewer Lateral Connection <input type="checkbox"/> Water Connection <input type="checkbox"/> Storm Water Connection <input type="checkbox"/> Above Ground Utility Work <input type="checkbox"/> Underground Utility Work <input type="checkbox"/> Other _____ ➤ Lane Closure Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Standard Detail Used For Proposed Work? <input type="checkbox"/> Yes <input type="checkbox"/> No (See list of CFC Details on web site) ➤ Proposed Work Is Part of Approved Grading/Site Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>DETAIL/SCALED MAP REQUIREMENT: If proposed work is not associated with an approved Grading or Site Plan, the permit applicant shall submit two (2) sets of a scaled map of the specific work area. Scale must be adequate for City reviewer to understand the specific work. If Lane Closure is requested two (2) copies of Maintenance of Traffic (MOT) Plan must be submitted for review as well.</i>			
UTILITY/ PROPERTY OWNER'S INFORMATION		ENGINEER'S INFORMATION (If Applicable)	
Full Name (First/Last) ➤		Full Name (First/Last)	
Address ➤		Address	
City ➤	Zip ➤	City	Zip
Email Address ➤	Phone <input type="checkbox"/> Office <input type="checkbox"/> Cell ➤	Email Address	Phone <input type="checkbox"/> Office <input type="checkbox"/> Cell
LICENSED CONTRACTOR INFORMATION		*SUB CONTRACTORS INFORMATION (If Applicable)	
Company Name ➤		Company Name	
Address ➤		Address	
City ➤	Zip ➤	City	Zip
Email Address ➤	Phone ➤	Email Address:	Phone
VA State Contractor's License # ➤	➤ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	VA State Contractor's License #	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Name & Phone Number of Primary Contact/ Personnel on Site in Case of Emergency: ➤			
WORKSHEET - PROPOSED ROW WORK			
➤ Description of work:	➤ NUMBER OF lanes at location? _____ ➤ HOW MANY lanes will need to be closed? _____ ➤ Will any portion of sidewalk need to be closed? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Traffic Management Plan Attached: <input type="checkbox"/> Site Specific MOT Plan OR <input type="checkbox"/> VDOT MOT -VWAPM Standard: (Attach copy)		

➤ Designates Required Information

*Use additional sheets for ALL subcontractors performing work within ROW



Department of Public Works

300 Park Avenue, Suite 100 WEST, Falls Church, VA 22046
 Phone: 703-248-5350 (TTY 711) Fax: 703-248-5336
 ROW-inspections@fallschurchva.gov • www.fallschurchva.gov

ROW BOND REQUIREMENT: A cost estimate of the proposed work must be provided with each application. The Bond will be set at the total of the estimate or \$2500, whichever is greater. This Cost Estimate must be approved by DPW prior to Bond Package submittal. Submitted estimates may be based on a contractors estimate of work or calculated using unit prices derived from the current Fairfax County, VA Unit Price Schedule, found under “Construction & Land Use / Site Construction Publications” at the following link: <http://www.fairfaxcounty.gov/dpwes/publications/>.

All work performed within City Right-of-Way shall have a one year bond retained upon completion of work.

***NOTIFICATIONS**

REQUIRED ROW PERMIT NOTIFICATIONS: *Required before 7:00am on day of work.* Permit holder **MUST** notify the City of work by visiting <http://www.fallschurchva.gov/rowinspections> or by emailing

ROW-inspections@fallschurchva.gov

Please refer to Conditions of Permit for additional notification requirements.

CERTIFICATION

STATEMENT & SIGNATURE OF APPLICANT:

Upon receipt of the requested permit, the applicant, his successors or assigns, agrees to indemnify and hold harmless the City of Falls Church from all claims for damages to persons or property as a result of the actions, work, or facilities associated with this permit.

I have read and understood all requirements outlined in the City’s General Conditions of Right of Way Permit. I hereby certify that I am authorized to make this application on behalf of the listed property owner and I agree to conform to all applicable laws, codes and ordinance of the City of Falls Church and the Commonwealth of Virginia. We further agree to fully comply with Virginia Work Zone Safety Regulations and Miss Utility “Call Before You Dig” regulations.

I understand that any work which takes place outside the scope of the Permit issued through this specific Permit Application is subject to additional fee assessment(s) as allowable by City Code.

Any additional Conditions of Permit will be attached when picked up.

By signing this permit application, I accept all liability associated with this encroachment.



Signature of Applicant ➤	Date ➤
Print Name and Title ➤	Phone # to Call When Permit is Ready ➤

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in an alternate format upon request. Call 703-248-5080 (TTY 711).

OFFICIAL USE ONLY

PERMIT EXPIRATION DATE: (Not to Exceed 12 months)	Approval Signature:	Date
APPROVALS		FEES
ROW BOND: <input type="checkbox"/> \$2,500 minimum <input type="checkbox"/> Other Amount: \$ _____	<input type="checkbox"/> Cash Bond <input type="checkbox"/> Surety Bond for this Permit only <input type="checkbox"/> Blanket Bond previously approved by DPW <input type="checkbox"/> Franchise Agreement	<input type="checkbox"/> \$275 ROW Fee <input type="checkbox"/> \$ _____ <input type="checkbox"/> No Fee
APPROVALS AS NEEDED		
CITY ARBORIST <input type="checkbox"/> (Check if required)	Approval Signature	Date
STORMWATER/ SANITARY <input type="checkbox"/> (Check if required)	Approval Signature	Date
TRANSPORTATION <input type="checkbox"/> (Check if required)	Approval Signature	Date

*Please see “Conditions of Permit” and the Informational sheet “Application and Inspection process for applicants”