



SAMPLE

APPLICATION is hereby made for permit as shown on the accompanying plan or sketch and as described below. Said activity(s) will be done under and in accordance with the rules and regulations of the Commonwealth Transportation Board of Virginia, in so far as said rules are applicable thereto and any agreement between the parties herein before referred to. Where applicable agreements may be attached and made a part of the permit assembly including any cost responsibilities covering work under permit. Applicant agrees to maintain work in a manner as approved upon its completion. Applicant also hereby agrees and is bound and held responsible to the owner for any and all damages to any other installations already in place as a result of work covered by resulting permit. Applicants to whom permits are issued shall at all times indemnify and save harmless the Commonwealth Transportation Board members of the Board, the Commonwealth and all Commonwealth employees, agents, and offices, from responsibility, damage, or liability arising from the exercise of the privileges granted in such permit to the extent allowed by law. In consideration of the issuance of a permit the applicant agrees to waive for itself, successors in interest or assigns any entitlements it may otherwise have or have hereafter under the Uniform Relocation and Assistant Act of 1972 as amended in event the Department or its successor, chooses to exercise its acknowledged right to demand or cause the removal of any or all fixtures, personality of whatever kind or description that may hereafter be located, should this application be approved.

TYPE OR PRINT CLEARLY

Driver's license or Tax ID number <u>B12345678</u>	Contact Name <u>John Q. Smith, President</u>
Owner Name <u>John Q. Smith, President, Shady Trees Homeowners Association</u>	E-Mail Address <u>jqsmith@aol.com</u>
Address <u>1234 Elm Street</u>	Phone Number (<u>703</u>) <u>555-1212</u>
City <u>McLean</u> State <u>VA</u> Zip Code <u>22102</u>	Emergency Number (<u>703</u>) <u>555-1313</u>
	Fax Number (<u>703</u>) <u>555-1414</u>

Driver's license or Tax ID number _____	Contact Name _____
Agent Name <u>N/A</u>	E-mail Address _____
Address _____	Phone Number (_____) _____ - _____
City _____ State _____ Zip Code _____	Emergency Number (_____) _____ - _____
	Fax Number (_____) _____ - _____

Permit Term Requested WAIVED Fees Enclosed \$ _____ Check Number _____ Coupon Number(s) _____
 Money Order _____ Other _____ Estimated cost of work to be performed on VDOT Right of Way \$ _____

Surety Information: Surety Company Name WAIVED

Amount of Surety \$ _____	Obligation Amount \$ _____	The Surety posted by Owner () or Agent () Surety Refunds paid to Owner () or Agent()
Check # _____	Bond # _____ ILC # _____	
[] Corporate Surety [] Resolution [] Ordinance [] Waived		

Applicant has provided proof of the following requirements in accordance as defined in Code of Virginia section 2.2-1151.1.

- (1) The utility company has registered as an operator with the appropriate notification center.
- (2) Attached is a notarized affidavit, that the utility owner has notified the commercial and residential developer, owner of commercial or multifamily real estate, or local government entities with a property interest in any parcel of land located adjacent to the property over which the land use is being requested, that application for the permit has been made.

Request Permission: To perform the following activity(s)

Mow the median on Dolley Madison Blvd, McLean between Old Dominion Drive and Great Falls Street. Permittee shall immediately notify the nearest VDOT official who approved the land use permit of involvement in any personal or vehicular accident at the work site _____ as per attached plans.

Location: Tax Map Number 30-1 and 30-2 Applicant Job No. _____
 Geographically in County of Fairfax On Highway Route and /or Name Dolley Madison Blvd.
Between Route 309 St. Name Old Dominion Drive Latitude _____ Longitude _____
And Route 694 St. Name Great Falls Street Latitude _____ Longitude _____

[] **IF APPLICABLE, I AGREE TO PAY THE FULL SALARY AND EXPENSES OF A STATE ASSIGNED INSPECTOR IN CONJUNCTION WITH THIS PROJECT, COVERED BY ACCOUNT RECEIVABLE NUMBER.**

Signature of applicant John Q. Smith Title _____ Date _____
 Signature of agent _____ Title _____ Date _____

All applicable items on this form must be completed before your request can be considered. Recheck information furnished to avoid delay. Prepayment Required - make Remittance payable to Virginia Department of Transportation.

VDOT USE ONLY

Receipt is hereby acknowledged of CHECK _____ COUPON _____ M.O. _____
In The Amount of \$ _____
Permit Fee \$ _____ Cash Surety \$ _____ VDOT Reference Number _____
Signed _____ VDOT.