



Department of Public Works
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5350 (TTY 711) Fax: 703-248-5336
 permits@fallschurchva.gov • www.fallschurchva.gov

APPLICATION FOR ROW - LANE CLOSURE ONLY

Date _____		PERMIT NO. _____
ADDRESS(ES) OF WORK		
_____ Falls Church, VA _____		
REQUIRED: Streets and/or Address(es) of Proposed Lane Closure _____ Zip _____		
APPLICANT/CONTRACTOR INFORMATION	LANE CLOSURE INFORMATION	
Name _____ Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C _____	PURPOSE of Lane Closure: <input type="checkbox"/> Manhole Access <input type="checkbox"/> Crane <input type="checkbox"/> Special Event <input type="checkbox"/> Other (describe): _____ _____ Number of lanes at this location: _____ How many lanes will need to be closed? _____ Will any portion of sidewalk need to be closed? _____ DATE scheduled: _____ TIME: _____ AM/PM to _____ AM/PM Traffic Management Plan Attached: <input type="checkbox"/> Site Specific MOT Plan OR <input type="checkbox"/> VDOT MOT -VWAPM Standard: _____ _____	
Address _____		
City _____ State _____ Zip Code _____		
Email Address _____		
VA State Contractor's License Number, if applicable: _____ Fax # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
On Site Contact Person, In Case of Emergency: Name: _____ Phone: _____		
<p>Upon receipt of the requested permit, the applicant, his successors or assigns, agrees to indemnify and save harmless the City of Falls Church from all claims for damages to persons or property by reasons of the opening, installation or maintenance of any facilities installed in said street, alley or right-of-way, by virtue of this application. By signing this permit you accept all liability associated with this encroachment.</p> <p>I/we have read and understood all requirements outlined in the Falls Church handout "Requirements for Work in the City Right-of-Way." I hereby certify that I am authorized to make this application on behalf of the listed applicant and I/we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.</p> <p>I/we agree to fully comply with VA Work Zone Safety Regulations, MUTCD, and City-required traffic control measures.</p> <p>I/we accept all liability for damage caused to City-owned property as a result of this ROW work and will promptly repair or replace such damaged property to the City's satisfaction at my expense. I/we will immediately notify the City's Department of Public Works (DPW) by phone at (703) 248-5350 of any such damages.</p>		
_____ Signature of Applicant	_____ Date	
_____ Print Name	_____ Phone # to Call When Permit Ready	
<p>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).</p>		
OFFICIAL USE ONLY		
Approvals	Fees	
DPW Engineering _____ <i>Approval Signature</i>	<input type="checkbox"/> \$325 Lane Closure Fee <input type="checkbox"/> No Fee	
DPW GENERAL AND SPECIAL CONDITIONS AND NOTES APPLY and are attached. <i>(To be provided by Counter to Applicant at Permit issuance.)</i>	Reason: _____ _____	
NOTIFICATIONS: <input type="checkbox"/> DPW Operations <input type="checkbox"/> Public Safety/Police <input type="checkbox"/> Fire Marshal _____ <i>Date notified by DPW</i>	NO BOND REQUIRED for most Lane Closure Only Permits	