



Land Use Permit Application No. \_\_\_\_\_  
Commonwealth of Virginia  
Department of Transportation

RETURN TO VDOT RESIDENCY OR PERMIT OFFICE ADDRESS

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**

Social Security or Tax ID number _____ Owner Name _____ Address _____ City _____ State _____ Zip Code _____	Contact Name _____ E-mail Address _____ Phone Number (____) _____ - _____ Emergency Number (____) _____ - _____ Fax Number (____) _____ - _____
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Social Security or Tax ID number _____ Agent Name _____ Address _____ City _____ State _____ Zip Code _____	Contact Name _____ E-mail Address _____ Phone Number (____) _____ - _____ Emergency Number (____) _____ - _____ Fax Number (____) _____ - _____
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Permit Term Requested \_\_\_\_\_ Fees Enclosed \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Coupon Number(s) \_\_\_\_\_  
 Money Order \_\_\_\_\_ Other \_\_\_\_\_ The estimated cost of work to be performed on VDOT Right of Way \$ \_\_\_\_\_

**Surety Information:** Surety Company Name \_\_\_\_\_  
 Amount of Surety \$ \_\_\_\_\_ Obligation Amount \$ \_\_\_\_\_  
 Check # \_\_\_\_\_ Bond # \_\_\_\_\_ ILC # \_\_\_\_\_  
 Corporate Surety  Resolution  Ordinance  Waived

The Surety Posted by Owner ( ) or Agent ( )

**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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ as per attached plans.

**Location:** Tax Map Number \_\_\_\_\_ Applicant Job No. \_\_\_\_\_  
 Geographically in County / Town / City of \_\_\_\_\_ On Highway Route and /or Name \_\_\_\_\_  
**Between** Route \_\_\_\_\_ St. Name \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
**And** Route \_\_\_\_\_ St. Name \_\_\_\_\_ 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 \_\_\_\_\_ 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.  
 Original Copy To Permit Office Copy To District Office Copy To Applicant