



CITY OF MANASSAS  
 DEPARTMENT OF COMMUNITY DEVELOPMENT  
 PLANNING & DEVELOPMENT  
 9027 Center Street, Room 201  
 Manassas, VA 20110  
 Phone: 703-257-8278 Fax: 703-257-5831  
[www.manassascity.org/691/Development-Services](http://www.manassascity.org/691/Development-Services)  
 Email: [PermitStatus@ci.manassas.va.us](mailto:PermitStatus@ci.manassas.va.us)



## USE OF RIGHT-OF-WAY (STREET OR SIDEWALK CLOSURE) PERMIT APPLICATION

### Applicant Information

Applicant Name \_\_\_\_\_ Permit Number \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Applicant Email Address \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_

### Work Site Information

Address of Proposed Work \_\_\_\_\_  
 Owner Name \_\_\_\_\_ Owner Phone Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Manassas Business License Number \_\_\_\_\_ Virginia Contractor Number \_\_\_\_\_

Travel/Parking Lane Closure for Construction *Note: Attach required traffic control plan and select equipment to be used from below*

Sidewalk Closure for Construction *Note: Attach required pedestrian control plan and select equipment to be used from below*

Construction Equipment:  Bobcat  Crane  Dumpster  Excavator  Trailer/Truck Dimensions \_\_\_\_\_

Portable Storage Device: (Maximum 30 days permitted) Width x length x height \_\_\_\_\_

Provide a detailed description below of the proposed work:

\_\_\_\_\_

\_\_\_\_\_

Proposed Construction Schedule: \_\_\_\_\_  
 Estimated Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

30-Day Temporary Street or Sidewalk Closure (Non-Construction; O-2020-25) *Note: Attach layout of proposed closure and use; indicate proposed safety measures to delineate the area.*

### Disclaimer and Signature

*I hereby certify that I am the owner of record for the property listed on this application, or that have been authorized by the owner to make application as their authorized agent. I hereby certify that all information provided for the issuance of this permit is true and accurate and agree to conform to all applicable laws of the City of Manassas. For the work described in this application, I authorize the code official or their authorized representative to have the authority to enter areas covered by this permit at any reasonable time to inspect and enforce the provisions of the code.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Staff Use Only

Permit Expiration Date: \_\_\_\_\_ Total Permit Fees: \$ \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date of Payment: \_\_\_\_\_