



CITY OF MANASSAS APPLICATION FOR STREET OR SIDEWALK CLOSURE

Development Services
9027 Center Street, Room #201
Manassas, VA 20110
Telephone# 703-257-8278
planstatussite@ci.manassas.va.us

PERMIT: # _____
DATE: ___/___/___

APPLICANT INFORMATION

Name _____
Name of Representative _____
Preferred Phone _____
Address _____
Permit No. _____
Manassas Business License # _____

Company _____
Title of Representative _____
Email address _____
City, State, Zip Code _____
VA Contractor # _____

INFORMATION ON ADDRESS AND WORK TO BE DONE

Description of Work (attach traffic and/or pedestrian control plans if required):

Exact Location of Proposed Work: _____

Start Date of Proposed Work: _____ Finish Date: _____ Proposed Work Hours: _____

PURPOSE OF WORK, ACTIVITY, OR USE OF PUBLIC RIGHT-OF-WAY (Check and complete all that apply)

- Travel/Parking Lane Closure (Note: Traffic Control Plan Required)
- Sidewalk Closure (Note: Pedestrian Traffic Control Plan Required)
- Construction Equipment: • Bobcat • Crane • Dumpster • Excavator • Trailer/Truck Dimensions _____
- Portable Storage Device: (Maximum 30 days permitted) Width x length x height _____

I hereby certify that I have the full authority to make the foregoing Application as, or on behalf of, the Applicant; the information in this Application and the required submittals are complete and correct; the Work and facilities to be installed shall comply with all laws of the Commonwealth of Virginia, and all ordinances, rules, regulations, policies, and special conditions of the City of Manassas, Virginia.

Signature of Applicant: _____ Date: _____
Print Name: _____ Telephone: _____
Company Full Legal Name _____ Title of Representative _____

City Use Only

DATE PERMIT EXPIRES: ___/___/___
PERMIT APPROVED BY: _____ DATE: _____