Rev.
4/04

Guidelines for Road Use Application

Virginia Department of Transportation
4975 Alliance Drive, Ste. 1N300
Fairfax, Virginia 22030
Telephone: (703) 259-1773
NOVAFairfaxPermits@vdot.virginia.gov
Web page: www.VirginiaDOT.org/business/fairfax-permits-main

Information:

Applicants wishing to secure authorization for roadway use shall complete the attached form. This is a two-step authorization process: VDOT authorizes first, then Fairfax County Police. All conditions and provisions specified by the Fairfax County Police Department and Fairfax County Fire and Rescue shall be strictly followed. Should the event be cancelled or postponed, the event organizers shall notify the police contact designated on the second page of the application.

If your road use application is not approved by VDOT, comments will be provided by VDOT, then VDOT and Fairfax County Police will work with applicant(s), if requested, to investigate alternatives.

Application:

1. The application shall include a street map detailing the proposed location of the event, and indicating any proposed road closures.

2. An application for Road Use Authorization shall be submitted to VDOT at the above address at least 45 calendar days prior to the scheduled date of the event

3. The approved application with a self addressed stamped envelope shall be delivered to the Fairfax County Police Department at least 30 calendar days prior to the scheduled date of the event. It shall be taken to the District Station for the area in which the event will take place. County police addresses and phone numbers are attached.

Requirements for Applicant:

1. There shall be no authorizations for any limited access highways (i.e. Route 7100, 7700) or primary routes (those numbered 1-599), nor four lane divided highways or roadways where the posted speed limit is 45 mph or greater.

2. If trails are available along proposed routes for hike, bike, and run events then trails shall be used, not roadways.

3. Road closures on four-lane divided roadways shall not be longer than 15 minutes. Variables message signs shall be posted two weeks prior to event to advise the traveling public.

4. Requests to close a street for a block party shall include the signatures of all persons affected by the road closure.

5. Prior year's approval of annual events does not guarantee approval of this year's event.

Hold Harmless:

Issuance of an authorization letter by the Virginia Department of Transportation does not relieve the organizers, group, company, participants, parties to or sponsor(s) of the event from any civil or criminal liability resulting from accident, injury, or negligence. The Virginia Department of Transportation accepts no liability expressed or implied in connection with this authorization. Applicants 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 extent allowed by law.

Fairfax County Police Department

District Station	Address	Phone Number
Traffic Division	3911 Woodburn Road Annandale, Virginia 22003	703-280-0550
Fair Oaks	12300 Lee Jackson Memorial Hwy Fairfax, Virginia 22033	703-591-0966
Franconia	6121 Franconia Road Franconia, Virginia 22310	703-922-0889
Mason	6507 Columbia Pike Annandale, Virginia 22003	703-256-8035
McLean	1437 Balls Hill Road McLean, Virginia 22101	703-556-7750
Mount Vernon	2511 Parkers Lane Alexandria, Virginia 22306	703-360-8400
Reston	1200 Bowman Towne Drive Reston, Virginia 22090	703-478-0904
West Springfield	6140 Rolling Road Springfield, Virginia 22152	703-644-7377
Sully	4900 Stonecroft Boulevard Chantilly, Virginia 20151	703-814-7000

Application For Road Use Authorization

Please Print Clearly or Type

Date of Application:_____ Type of Event:_____

Date of Event:_____ Inclement Weather Date:_____

Beginning Time:_____ Ending Time:_____

Estimated Number of Participants:_____ Estimated Number of Vehicles:_____

Sponsored By:_____

Applicant:

_____

Name Work #

_____

Address Home #

_____

City, State, Zip Code Email Address

State reason for event and necessity for utilizing the roadway. (Use additional pages if needed.)

_____

List state maintained roadways to be used. Attach a map of the routes.

_____

_____

Certification by Applicant:

I have read and shall comply with the attached guidelines for Road Use Authorization.

Signature _____

For VDOT USE Only:

Signature_____Date_____

Name/Title_____

VDOT approval with the following conditions:

1) Traffic control to be provided by the Fairfax County Police at all intersections during the entire event and interruption to traffic flow to be kept to a minimum.
2) Activities shall be coordinated with Fairfax County Police and Fire and Rescue Services in advance.
3) The event is to be publicized in both the local newspaper and radio stations to inform the traveling public.
4) If required by police all participants shall stay as close to the right edge of pavement as possible and remain in single file to the extent possible and wear brightly colored clothing in order to be easily seen by the traveling public.
5) The Virginia Department of Transportation accepts no liability expressed or implied in connection with this authorization. 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 extent allowed by law.

Additional Comments:_____

_____

For Fairfax County Police Use Only cc: Supervisor's Office

Date Received: _____

By:_____
Name Station/Div.

Number of Police Officers Assigned:_____

Special Equipment Needs:

Item and Location: Furnished By:

_____ _____

_____ _____

_____ _____

Changes Made in Route/Location:_____

_____

_____

(Attach map detailing new route/location and show placement of barricades, cones, flares, and officers, if necessary)

Approved:_____ Disapproved:_____ _____
Signature

Date:_____ _____
Name/Title Station/Div.

If disapproved, state reason: _____

_____

Return completed form to Applicant and copy to Supervisors Office.

Fairfax County Fire and Rescue Notification Certification

I certify that 14 days prior to the scheduled day of the event a copy of this authorization will be forwarded to the Fairfax County Fire and Rescue.

Signature of applicant_____

Fairfax County Fire and Rescue
4100 Chain Bridge Road
Fairfax, VA. 22030
Phone (703) 246-3994, FAX (703) 273-4830.