



**Pulaski County, Virginia  
Community Development Department**

143 Third Street, NW, Suite 1  
Pulaski, VA 24301  
Phone: (540) 980-7710  
Fax: (540) 980-7717

**Subdivision Application**

Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Project Information			
Project Name:		Subdivision Type:	
Zoning District:		Acreage:	
Magisterial District:		District Supervisor:	
Tax Map Number(s):			
Project Description:			
Property Location:			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Full sized copies of the Subdivision Plan. <input type="checkbox"/> 2. Recorded deed and plat showing proof of property ownership, if available. <input type="checkbox"/> 3. Application fee as determined by the Subdivision Ordinance. Checks made payable to Pulaski County, VA.			
Disclaimer:		<b>Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit.</b>	
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.			
Property Owner Signature:		Date:	
Applicant Signature:		Date:	