



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

Zoning Application

Applicant	Property Owner	
Name:	Name:	
Phone:	Phone:	
Mailing Address:	Mailing Address:	
E-mail:	E-mail:	
Project Information		
Project Name:	<input type="checkbox"/> Zoning Permit	<input type="checkbox"/> Sign Permit
Zoning District:	<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Zoning Map Amendment
Magisterial District:	<input type="checkbox"/> Zoning Text Amendment	<input type="checkbox"/> Comprehensive Plan Amendment
District Supervisor:	Acreage:	
Tax Map Number(s):		
Project Description:		
Property Location:		
Minimum Requirements for Submittal		
<input type="checkbox"/> 1. Application Materials as required by the Zoning Ordinance. <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 Zoning Ordinance. Checks made payable to Pulaski County, VA.		
Disclaimer: Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit.		
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: