



County of Pulaski, VA  
County Administration Building  
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VERSION 3-2020  
OFFICE USE ONLY

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

## Commercial Building Permit Application

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

**Project Address and/or Tax Map #:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Directions: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Value of Construction (Materials and Labor): \$ \_\_\_\_\_

Please answer all of the following questions when applicable:

**Is this property located in the 100-year Floodplain? Yes / NO**

**Category of Construction:** Building Use Group: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

**Currently Sprinkled? Yes / NO**

**Will you need a Temporary Power Pole? Yes / NO** AEP Work Order #: \_\_\_\_\_

**Please circle all that apply:** Electrical Plumbing Mechanical Gas Sprinkler Fire Alarm

**Public Water:** Public Service Authority (PSA)  Town of Pulaski  Town of Dublin

**Public Sewer:** Public Service Authority  Town of Pulaski  Town of Dublin  Pulaski County Sewage Authority

Well  Septic  **(MUST PROVIDE VIRGINIA DEPARTMENT OF HEALTH PERMIT)**

**Have you set up your PSA Account? Yes / NO** PSA Account #: \_\_\_\_\_

**Zoning Site Plan: Yes / NO** Zoning Site Plan Petition #: \_\_\_\_\_

2 Sets of Building Plans Submitted: Yes / NO Manual S/J: Yes / NO

Describe Entrance: \_\_\_\_\_

**Please complete all that apply:**

Building Dimensions: \_\_\_\_\_ Building Height of Principle Structure: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**Total Square Footage of the Project** (this includes unfinished areas): \_\_\_\_\_

**Will you need a Third Party Inspector? Yes / NO**

\* IF YES, CONTACT INFORMATION MUST BE SUBMITTED AT THE TIME OF REVIEW \*

**Third Party Inspector:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Office/Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**VA State License #:** \_\_\_\_\_ **Pulaski County License #:** \_\_\_\_\_

Main Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Office/Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

**\* Please have each of your tradesmen or subcontractors complete the Trade Permit Application that designates with their trade. \***

Please read the following carefully before signing:

I hereby certify that I have authority to make this application and to the truthfulness in the application and that if any of the information provided is incorrect, the Building/Zoning Permit may be REVOKED. If the permit is issued wrongfully, whether based on misinformation or an improper application of the code the permit may be REVOKED. By signing this application I am certifying that I am responsible for conveying all information relevant to this application including Building/Zoning/Engineering and Erosion Sediment Control Codes and all other applicable codes to the property owner and/or contractor. Applications are processed in the order they are received and, if approved, you will be notified via phone or email. **Inspections require a 24 to 48 hour notice.**

Contractor Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_