



County of Pulaski VA
County Administration Building
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Pulaski, VA 24301
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OFFICIAL USE ONLY

Main Permit # _____

Parcel # _____

Permit # _____

VDH Permit: _____

Permit Fee: _____

Commercial Building Permit Application

Date: _____

Project Address and/or Tax Map #: _____

Business Name: _____

Owners Name & Address: _____ CSZ: _____

Phone: _____ Email (Required): _____

Directions: _____

Description of Work:

Value of Construction \$ _____

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)

Public Water Public Sewer Well Septic (MUST PROVIDE VDH PERMIT)

Electrical Plumbing HVAC Gas

2 Sets of Plans Submitted: Yes/NO

Manual S/J: Yes/NO

Have you set up your PSA ACCOUNT? Yes/NO

If yes.... PSA Account # _____

Zoning Site Plan: Yes/NO Zoning Site Plan Petition #: _____

Describe Entrance: _____

Will you need a Third Party Inspector? Yes/NO

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

| | |
|--|---|
| Please complete all that apply: | |
| New Building Area: _____ | Building Height of Principle Structure: _____ |
| Number of Stories: _____ | |
| Number of Units: _____ | |

General Contractor: _____

Contractor Address: _____ CSZ: _____

VA State License #: _____ Pulaski County License #: _____

Main Point of Contact: _____ Cell Phone #: _____

Alt #: _____ Fax: _____ Email: _____

Please have each of your tradesman 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: _____