



County of Pulaski, VA
County Administration Building
143 3rd Street, NW, Suite 1
Pulaski, VA 24301
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VERSION 2-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Manufactured Home 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): \$ _____

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

*** IF YES YOU MUST SUBMIT A FLOODPLAIN APPLICATION w/ ENGINEERING FOR FOUNDATION ***

Type of Home: Single wide Double wide Triple wide

Manufacturer: _____ Year: _____ Name: _____ Color: _____

Home Dimensions: _____ Number of Bedrooms: _____ Number of Bathrooms: _____

Front Deck / Porch Size: _____ Back Deck / Porch Size: _____ Total Square Footage: _____

(Please select Yes or No) HUD sticker present: Yes / NO Constructed Prior to 1986: Yes / NO

Are you able to submit a MF Home Set Up Certification prior to CO Issuance? Yes / NO

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

Will an electric car charging station be installed? Yes / NO

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 #: _____

**** You must submit the following with this application:**

- 1.) Deck / Porch drawings and specifications
- 2.) Anchoring system
- 3.) Foundation and Footer plan (site specific)

Manufactured Home Permit Application – Contractor Information

Who is doing the work? (circle one): Contractor Homeowner

Homeowners doing their own work MUST submit a Homeowners Affidavit

Office Use Only - Homeowner Affidavit Submitted? Yes / NO Date received: _____

General Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Electrical Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Plumbing Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Mechanical Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Manufactured Home Permit Application – Contractor Information (continued)

Gas Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Deck Contractor: _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Manufactured Home Contractor (MHC): _____

Contractor Address: _____ City: _____ St: _____ Zip: _____

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

Main Contact Person: _____ Cell: _____

Office/Alt Phone: _____ Fax: _____ **Email:** _____

Contractor Signature (**required**): _____

Mechanics Lien Agent: Yes / NO Agent: _____

Address: _____ City: _____ St: _____ Zip: _____

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, 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: _____