



County of Pulaski VA
County Administration Building
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OFFICIAL USE ONLY

Main Permit # _____

Parcel # _____

Permit # _____

Mechanical Permit Application

Date: _____

Project Address: _____

Project/Business Name: _____

Property Owner: _____

Owners Address: _____ CSZ: _____

Phone: _____ Email (Required): _____

Directions: _____

Is the Homeowner or Contractor doing the work? _____ Homeowner Affidavit Submitted? Yes/NO

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

Contractor: _____

Contractor Address: _____ CSZ: _____

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

Main Point of Contact: _____ Cell Phone #: _____

Alt #: _____ Fax: _____ Email: _____

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

(Please select yes or no)

Plans Submitted: Yes/NO Manual S or Manual J Submitted: Yes/NO

Visual Duct Seal Inspection / Duct Blaster Test

Description of Work:

Application is made herewith for a Mechanical Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. 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.

Printed Name: _____

Applicant Signature: _____