

# BUILDING PERMIT APPLICATION

## COMMERCIAL ONLY

County of Pulaski  
County Administration Building  
143 Third Street NW, Suite 1  
Pulaski VA 24301

Ph: 540-980-7710  
Fax: 540-980-7717



Date of Application: \_\_\_\_\_

All permit applications are subject to at least a 3-Day Review.

### TYPE OF PERMIT (One application for each type of permit)

New Construction	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Fire Safety _____	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	(Sprinkler, Alarm, or Hood)	
HVAC	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Asbestos Abatement	<input type="checkbox"/>	Sign	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

### TYPE OF WORK (Check One)

Addition	<input type="checkbox"/>	Alteration	<input type="checkbox"/>
Co-Location	<input type="checkbox"/>	New Tower	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

### CATEGORY OF CONSTRUCTION (Check One)

Building group use:	
Type of construction:	
Currently Sprinkled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	

### SCOPE OF WORK (Describe briefly, but thoroughly)


### DIRECTIONS TO SITE


### JOB SITE INFORMATION

911 Address	
City/State/ZIP	
Lot or Apt #	

### PROPERTY OWNER INFORMATION

Name	
Mailing Address	
City/State/ZIP	
Phone #	Cell #
Temporary power pole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Height of Principle Structure:	
Estimated Construction Cost:	
Do you need a roll-off? <input type="checkbox"/>	Disposal permit? <input type="checkbox"/>

I hereby certify that I have authority to make this application and to the truthfulness of the information 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 Building/Zoning Permit may be revoked. By signing this application I am hereby certifying that I am responsible for conveying all information relevant to this application including Building, Zoning, E&S Control Codes and all other applicable codes to the property owner and/or contractor.

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Tax Map# \_\_\_\_\_ Zone \_\_\_\_\_ Acreage \_\_\_\_\_

Zoning Statement: \_\_\_\_\_

E&S Approval Date \_\_\_\_\_

### NEW CONSTRUCTION/ADDITIONS

New Building Area:	
Number of Stories:	
Number of Units:	

Water Source: (Check One)	Public <input type="checkbox"/>	Well <input type="checkbox"/>
Sewage: (Check One)	Public <input type="checkbox"/>	Septic <input type="checkbox"/>
VDH Permit Number:		

Primary Heat Type:	Heat Pump <input type="checkbox"/>	Gas <input type="checkbox"/>	Elec. <input type="checkbox"/>
	Solar <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Other <input type="checkbox"/>

Com Check Worksheet is required at time of application for calculating heating and cooling requirements.

Balanced HVAC System Report

Foundation Type: Masonry  Slab

### CONTRACTOR INFORMATION (General or Trades)

Name:	
Address:	
Phone Number:	
Contractor Address:	
Zip Code:	
VA Contractor's License Number:	

### ALTERATIONS/DEMOLITIONS

Permit fees are based on the value of work performed. Including equipment, labor. This estimate includes construction costs only, minus trades estimates.

ESTIMATED COST \$ \_\_\_\_\_

### OTHER REQUIRED INFORMATION

AEP Work Order Number	Temporary:	
(1-800-956-4237)	Permanent/Reconnect:	

When Applicable, the following may be required:

Site Plan Petition #:

Special Use Permit Petition #:
