

BUILDING/ZONING PERMIT APPLICATION

RESIDENTIAL 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: _____

**Both pages are to be completed.
All permit applications are subject to a 3-Day Review.**

TYPE OF WORK (Check One)

New Construction	<input type="checkbox"/>	Alteration	<input type="checkbox"/>
Addition	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Water/Sewer Line	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

CATEGORY OF CONSTRUCTION (Check One)

Single Family Dwelling	<input type="checkbox"/>	Patio Home	<input type="checkbox"/>
Manufactured Home	<input type="checkbox"/>	Multi-family (Duplex/Townhouse/Apts)	<input type="checkbox"/>
Dock	<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>
Attached Garage	<input type="checkbox"/>	Detached Garage	<input type="checkbox"/>
Modular:			
On-Frame	<input type="checkbox"/>	Off-Frame	<input type="checkbox"/>

SCOPE OF WORK (Describe briefly, but thoroughly)

JOB SITE INFORMATION

911 Address	
City/State/ZIP	
Lot or Apt #	

PROPERTY OWNER INFORMATION

Name	
Mailing Address	
City/State/ZIP	
Phone #	Cell #

Directions to Job Site:

Temporary power pole? (New homes only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building Height of Principle Structure:		
Building Height of Accessory Building:		
(grade to finished ceiling height)		
Year Constructed:		
Estimated Construction Cost:		
Do you need a roll-off?	<input type="checkbox"/>	Disposal permit? <input type="checkbox"/>
Check all permits needed that apply...		
Electric	<input type="checkbox"/>	Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Gas <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 _____ Contact Phone # _____ Date _____

For Office Use Only			
Tax Map#		Zone	Acreage
Zoning Statement:			

NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES

Building Size (ie. 24x36):			
Number of Bedrooms:			
Number of Full Baths:			
Number of Half Baths:			
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"/>	Oil <input type="checkbox"/>	<input type="checkbox"/>
	Hot Water <input type="checkbox"/>	Other <input type="checkbox"/>	

Manual J Calculations are required at time of application for calculating heating and cooling requirements.

(New HVAC Units Only)
Please check which of the two testing options you will use.

<input type="checkbox"/> Blower Door Test
<input type="checkbox"/> Visual Inspection by Pre-Approved 3rd Party Inspector
<input type="checkbox"/> Duct Tightness Test

Foundation Type:	Masonry <input type="checkbox"/>	Poured Wall	<input type="checkbox"/>
Other _____	<input type="checkbox"/> Crawlspace:		
	Conditioned <input type="checkbox"/>	Unconditioned	<input type="checkbox"/>
	Backfill _____	Height _____	

First Floor		sq. ft.
Second Floor		sq. ft.
Third Floor		sq. ft.
Basement (Fin)		sq. ft.
Basement (Unfin)		sq. ft.
Porch (w/ roof)		sq. ft.
Deck (no roof)		sq. ft.
Garage		sq. ft.
Attic/Bonus Room (over 7' & 70 sq. ft)		sq. ft.

MANUFACTURED HOME ONLY

Type:	Single <input type="checkbox"/>	Double <input type="checkbox"/>	Triple <input type="checkbox"/>
Manufacturer:		Size:	
Year:		Color:	
Front Porch/Deck Size:		Rear/Side Deck/Porch Size(s):	
HUD Sticker Present?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

OTHER REQUIRED INFORMATION

Is the job site in the 100-year floodplain?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
AEP Work Order Number		Temporary:	
(1-800-956-4237)		Permanent/Reconnect:	
Existing Buildings on Property and Dimensions (incl. main dwelling):			

County of Pulaski
STATEMENT OF CONTRACTORS

MECHANICS LIEN AGENT (if applicable)

Business Name: _____ Phone # _____
Business Address: _____

GENERAL CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

ELECTRICAL CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

PLUMBING CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

HVAC CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

GAS CONTRACTOR

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

SPECIALTY CONTRACTOR (ie. Fire Alarm/Sprinkler/Suppression Systems, Sprinkler, Kitchen Hood, Asbestos, Modular, etc.)

Name: _____ Phone # _____
Address: _____ Zip _____
Virginia Contractor's License Number _____

OWNER'S AFFIDAVIT (Only fill out if you are the owner and doing the work yourself)

I, _____, of _____ (Current Address) affirm that I am the owner of a certain tract or parcel of land located at: _____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

Signature of Owner

Signed and acknowledged by _____ in the county of Pulaski, Virginia on the ____ day of _____, 20____, in the presence of the undersigned Notary Public.

Notary Public Signature

My commission expires _____ **Notary Registration Number** _____

§ 54.1-111. Prerequisites to obtaining building, etc., permit. Any person applying to the building inspector or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950 § 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765; 1990, c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

Cross references. As to punishment for Class 3 misdemeanors, see § 18.2-11.