



County of Pulaski, VA  
 County Administration Building  
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 Pulaski, VA 24301  
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 buildingdept@pulaskicounty.org

VERSION 3-2020 OFFICE USE ONLY Permit #: _____ Permit Fee: \$ _____
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## Residential Building 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):** \$ \_\_\_\_\_

Please answer all of the following questions when applicable:

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

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

**\* You must submit deck/porch drawings and specifications \***

**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 #: \_\_\_\_\_

2 Sets of Plans Submitted: Yes / NO

Manual S/J: Yes / NO

Site Plan: Yes / NO

**\*\* DUCT BLASTER TEST REQUIRED PER 2015 VIRGINIA UNIFORM STATEWIDE BUILDING CODE \*\***

**Please complete all that apply to your project:**

Home / Building Dimensions: \_\_\_\_\_ Building Height: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ 1/2 Bath: \_\_\_\_\_ Sqft 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_

3<sup>rd</sup> Floor: \_\_\_\_\_ Finished Basement: \_\_\_\_\_ Unfinished Basement: \_\_\_\_\_

Porch (w/roof): \_\_\_\_\_ Deck: \_\_\_\_\_ Garage: \_\_\_\_\_ Attic/Bonus Room: \_\_\_\_\_

**Total Square Footage of the Project** (this includes unfinished areas): \_\_\_\_\_

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:* \_\_\_\_\_

**Mechanics Lien Agent: Yes / NO Agent:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**VA State License #:** \_\_\_\_\_ **Pulaski County License #:** \_\_\_\_\_

Main Contact Person: \_\_\_\_\_ **Cell:** \_\_\_\_\_

Office/Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

**\* Please have each of your tradesmen 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, 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: \_\_\_\_\_