



County of Pulaski VA
County Administration Building
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OFFICIAL USE ONLY

Main Permit # _____

Parcel # _____

Permit # _____

VDH Permit: _____

Residential Building Permit Application

Date: _____

Project Address and/or Tax Map #: _____

Property Owner: _____

Owners Address: _____ CSZ: _____

Phone: _____ Email (Required): _____

Directions: _____

Description of Work: _____

Value of Construction: \$ _____

Please answer all of the following questions:

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 # _____

(Please circle all that apply)

Public Water Public Sewer Well Septic (MUST PROVIDE VDH PERMIT)

Electrical Plumbing HVAC Gas

Have you set up your PSA Account? Yes/NO

If Yes... PSA ACCOUNT # _____

2 Sets of Plans Submitted: Yes/NO

Manual S/J: Yes/NO

Site Plan: Yes/NO

Please circle for your AIR TIGHTNESS TEST:

Blower Door Test or Preapproved 3rd Party Inspection

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

Please complete all that apply:

Structure Size: _____ Number of Bedrooms _____ Number of Bathrooms _____ ½ Bath _____

Sqft. 1st floor _____ 2nd Floor _____ 3rd Floor _____ Basement _____ Unfinished _____

Porch (w/roof) _____ Deck _____ Garage _____ Attic/Bonus Room _____

Total Square Footage: _____

Who will be doing the work: Homeowner or Contractor?

Homeowners doing their own work MUST submit a Homeowners Affidavit

General Contractor: _____

Contractor Address: _____ CSZ: _____

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

Main Point of Contact: _____ Cell Phone #: _____

Alt #: _____ Fax: _____ Email: _____

Please have each of your tradesman 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 and 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: _____