



County of Pulaski, VA
County Administration Building
143 3rd Street, NW, Suite 1
Pulaski, VA 24301
(P) 540.980.7710
(F) 540.980.7717

VERSION 3-2020 OFFICE USE ONLY
Permit #: _____
Permit Fee: \$ _____

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 1st Floor: _____ 2nd Floor: _____

3rd 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: _____