



County of Pulaski, VA  
County Administration Building  
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VERSION 2-2020  
OFFICE USE ONLY

Permit #: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

## Manufactured Home 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):** \$ \_\_\_\_\_

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

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

Type of Home: Single wide  Double wide  Triple wide

Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_

Home Dimensions: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Front Deck / Porch Size: \_\_\_\_\_ Back Deck / Porch Size: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

(Please select Yes or No) HUD sticker present: Yes / NO Constructed Prior to 1986: Yes / NO

Are you able to submit a MF Home Set Up Certification prior to CO Issuance? Yes / NO

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

**\*\* You must submit the following with this application:**

- 1.) Deck / Porch drawings and specifications
- 2.) Anchoring system
- 3.) Foundation and Footer plan (site specific)

## Manufactured Home Permit Application – Contractor Information

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

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

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

**Electrical Contractor:** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

**Mechanical Contractor:** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

## Manufactured Home Permit Application – Contractor Information (continued)

**Gas Contractor:** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

**Deck Contractor:** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

**Manufactured Home Contractor (MHC):** \_\_\_\_\_

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

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

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

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

Contractor Signature (**required**): \_\_\_\_\_

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

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

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: \_\_\_\_\_