

New Single Family & Modular Submittal

Building Code Official - Scott Macdonald (540)980-7710 opt #2

Inspector -Jeremy Carr (540)980-7710 opt #2

- **Building Permit Application**
- **Electrical Permit Application**
- **Plumbing Permit Application**
- **Mechanical Permit Application (HVAC)**
- **Mechanical Permit Application (Gas)**
- **(2) sets of drawings for construction of home, if not submitting electronically**
- **Zoning Application – Setbacks are different for each district in Pulaski County – This information is on the Pulaski County website [pulaskicounty.org/Departments/Planning & Zoning](http://pulaskicounty.org/Departments/Planning%20&%20Zoning) Zoning Contact: Levi Dalton or Markie Saunders (540)980-7710**
- **Site plan with setback information**
- **Agreement in Lieu of Erosion & Sediment Control – Not disturbing more than 10,000 Sq. ft.**
- **PSA Application – The application is for water/sewer connections with Pulaski County, also for garbage which is required.**
- **VDH Septic Permit – If a septic system is required, contact the VA Health Department – Contact info: Cheryl Morris – (540)440-2166 (We will need a copy of this permit)**
- **Homeowners affidavit – if property owner is performing any work**
- **Floodplain Application, is only required if in flood zone, an Elevation Certificate, Floodplain Application and VA Stamped Engineering for Foundation are required.**
- **Energy Specification Certificate, to be posted in home**



County of Pulaski, VA
County Administration Building
143 3rd Street, NW, Suite 1
Pulaski, VA 24301
(P) 540-980-7710
(F) 540-980-7717
buildingdept@pulaskicounty.org

VERSION 6-2019
OFFICE USE ONLY

Permit #: _____

VDH Permit #: _____

Permit Fee: \$ _____

Residential Building Permit Application

Date: _____

Project Address / Tax Map #: _____

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:

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 VDH PERMIT)

Will you need a Dumpster/Roll Off? Yes/No (MUST USE PSA CONTAINERS AND SERVICES)

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

Please circle for your AIR TIGHTNESS TEST:

Blower Door Test or Preapproved 3rd Party Inspection

Please complete all that apply:

Home 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 (this includes unfinished areas): _____

Who is doing the work? (circle one): Contractor Homeowner

Homeowners doing their own work MUST submit a Homeowners Affidavit

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: _____

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: _____



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VERSION 3-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Electrical 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

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:* _____

Contractor: _____

Contractor Address: _____ **City:** _____ **St:** _____ **Zip:** _____

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

Main Contact Person: _____ **Cell:** _____

Office/Alt Phone: _____ **Fax:** _____ **Email:** _____

Circle when applicable: Temporary Electric Permanent Electric

Plans Submitted: Yes / NO **AEP Work Order #:** _____

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

Application is made herewith for an Electrical Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. 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: _____



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VERSION 3-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Plumbing 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

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:* _____

Contractor: _____

Contractor Address: _____ **City:** _____ **St:** _____ **Zip:** _____

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

Main Contact Person: _____ **Cell:** _____

Office/Alt Phone: _____ **Fax:** _____ **Email:** _____

Residential connections do not require a backflow preventer. However, a backflow preventer may be required for commercial and industrial connections. The county engineer must review this application and note type of backflow preventer that might be required. Is a Backflow Preventer REQUIRED? Yes / No

Application is made herewith for a Plumbing Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. 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: _____



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VERSION 3-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Mechanical Permit Application (GAS)

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

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:* _____

Contractor: _____

Contractor Address: _____ **City:** _____ **St:** _____ **Zip:** _____

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

Main Contact Person: _____ **Cell:** _____

Office/Alt Phone: _____ **Fax:** _____ **Email:** _____

(Please circle Yes or No) **Plans Submitted: Yes / NO** **Manual S/J Submitted: Yes / NO**

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

Application is made herewith for a Mechanical Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. 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: _____



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VERSION 3-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Mechanical Permit Application (HVAC)

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

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:* _____

Contractor: _____

Contractor Address: _____ **City:** _____ **St:** _____ **Zip:** _____

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

Main Contact Person: _____ **Cell:** _____

Office/Alt Phone: _____ **Fax:** _____ **Email:** _____

(Please circle Yes or No) **Plans Submitted:** Yes / NO **Manual S/J Submitted:** Yes / NO

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

Application is made herewith for a Mechanical Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. 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: _____

OWNER'S AFFIDAVIT

I _____, of (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.

(Affiant)
(Signature)

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

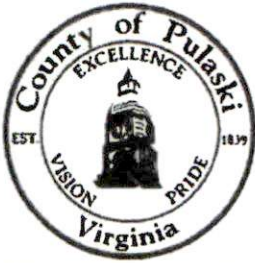
(Witness)
(Signature)

§ 54.1-1111. 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.



New Structure Zoning Permit Application
Department of Planning & Zoning
 143 Third Street, NW, Suite 1
 Pulaski, VA 24301
 540-980-7710
<http://www.pulaskicounty.org>

Applicant:																											
Mailing Address:																											
Phone:		E-mail:																									
Property Owner: (If Different)		Tax Map Number:																									
911 Address/Site of the proposed structure:		Area or Acreage of Parcel:																									
What is the estimated value of the structure?	How many residential structures are currently on the parcel?																										
\$ _____	Proposed Height: _____ Proposed Square Footage: _____ Circle all that apply to the Proposed Structure:																										
Zone District:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Residential Use</td> <td style="width: 25%;">Commercial Use</td> <td style="width: 25%;">Industrial Use</td> <td style="width: 25%;">Other Use</td> </tr> <tr> <td>Stick Built Home</td> <td>Modular Home</td> <td>Manufactured Home</td> <td>Addition</td> </tr> <tr> <td>Agriculture Use</td> <td>Barn</td> <td>Storage Shed</td> <td>Carport</td> </tr> <tr> <td>Garage</td> <td>Porch</td> <td>Deck</td> <td>Other</td> </tr> <tr> <td>Onsite well</td> <td>Public Water</td> <td>Onsite Septic</td> <td>Public Sewer</td> </tr> <tr> <td colspan="2">Existing VDOT Entrance to State Route</td> <td colspan="2">New VDOT Entrance Proposed</td> </tr> </table>			Residential Use	Commercial Use	Industrial Use	Other Use	Stick Built Home	Modular Home	Manufactured Home	Addition	Agriculture Use	Barn	Storage Shed	Carport	Garage	Porch	Deck	Other	Onsite well	Public Water	Onsite Septic	Public Sewer	Existing VDOT Entrance to State Route		New VDOT Entrance Proposed	
Residential Use	Commercial Use	Industrial Use	Other Use																								
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Existing VDOT Entrance to State Route		New VDOT Entrance Proposed																									
Zone Setbacks: Front: _____ Side: _____ Rear: _____																											
Is Site Plan Attached? YES Or NO	Applicant: Attach a site plan showing the proposed structure location and the linear distance in feet to all property lines, and the road right of way line. Show existing and proposed structures on the site plan. A site plan on aerial imagery is preferred and is available at pulaskicounty.org/gis.html The site plan is part of the application.																										

Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit. The approval of a zoning permit is based upon the information provided. By signing this application, I grant permission for an agent of the building or zoning department to visit my site for necessary review and inspections. I understand that failure to place the structure in accordance with the standards of the Pulaski County Unified Development Ordinance may result in a Notice of Violation.

Signature (Property Owner): _____ **Date:** _____

Printed Name (Property Owner): _____ **Date:** _____

Received by: _____ Payment Type and Amount: _____	Date: _____ Airport Overlay Review: _____
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**Agreement in Lieu of an Erosion & Sediment Control Plan for
a Single Family Residence**

Building Permit No. _____
Subdivision (if applicable) _____
Lot No. (if applicable) _____

In lieu of submission of an erosion and sediment control plan for the construction of this single family dwelling, I agree to comply with any reasonable requirements determined by the county engineer of Pulaski County, Virginia. Such requirements shall be based on the conservation standards contained in the Pulaski County Erosion and Sediment Control Ordinance, and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project.

As a minimum, all denuded areas on the lot shall be stabilized within seven days of final grading with permanent vegetation or a protective ground cover suitable for the time of year.

I further understand that failure to comply with such requirements within three working days following notice by the representative of Pulaski County could result in citation for violation of the Pulaski County Erosion and Sediment Control Ordinance.

Measures specified by plan approving authority:

Signature of Landowner _____

Party responsible for erosion control (If different from landowner)

Approved by _____

Date _____



Pulaski County, Virginia
Community Development Department
143 Third Street, NW, Suite 1
Pulaski, VA 24301
Phone: (540) 980-7710
Fax: (540) 980-7717

911 Address Application

Applicant/Property Owner	Property Information
Name:	Parcel Number:
Phone:	Lot Number (if applicable):
Mailing Address:	District:
E-mail:	Type of request (circle one): <input type="checkbox"/> New Address <input type="checkbox"/> Address Change/Correction
Property Details	
Type of Structure: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi Family / Duplex <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Commercial Building <input type="checkbox"/> Agricultural Building <input type="checkbox"/> Accessory Dwelling Unit (ADU) <input type="checkbox"/> Vacant Land	Floodplain Information: Is the property located within the 100 year floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO
Minimum Requirements for Submittal	
<input type="checkbox"/> 1. Application must be submitted by property owner. <input type="checkbox"/> 2. Address is not assigned to a recreational vehicle (as defined by the Unified Development Ordinance). <input type="checkbox"/> 3. Building permit must be on record with Building Department before address is assigned. <i>EXCEPTION - NOT REQUIRED FOR ADDRESS CHANGE/CORRECTION</i>	
Disclaimer: Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the address associated with this permit.	
<p>I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.</p>	
Property Owner Signature:	Date:
Applicant Signature:	Date:

PULASKI COUNTY
PUBLIC SERVICE AUTHORITY
205 BROAD ST
DUBLIN, VA 24084
PHONE: (540) 674-8720
FAX: (540) 674-5087
AFTER HRS: (540) 980-7800
OFFICE HOURS MON-FRI 7:30 AM- 4:00 PM



OFFICE USE ONLY	
Date Received:	
Date Completed:	
Clerk:	
Account #:	
CID #:	

PULASKI COUNTY PUBLIC SERVICE AUTHORITY APPLICATION FOR SERVICE

APPLICANT INFORMATION

Name: _____

Service Address/Tax Map No.: _____

Mailing Address (if different): _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

Email: _____

Driver's License No.: _____

Social Security No./Tax ID No.: _____

Name of Employer: _____

CO-APPLICANT INFORMATION

Name: _____

Relation to Applicant: _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

Email: _____

Driver's License No.: _____

Social Security No./Tax ID No.: _____

Name of Employer: _____

PROPERTY OWNER INFORMATION (IF PROPERTY NOT OWNED BY APPLICANT)

Name: _____

Mailing Address: _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

SERVICE INFORMATION

1. Application type? Please check all that apply,

_____ New Account _____ Change of Address _____ Name Change

2. Service Type?

_____ Residential _____ Commercial/Industrial

3. Services requested? Please check all that apply,

_____ Water _____ Sewer _____ Standard Garbage _____ Low Volume Garbage
_____ Dumpster _____ Roll-off _____ Other _____

SERVICE INFORMATION CONTINUED

4. If applying for Low Volume Garbage service, please provide documentation:

_____ Recycling*, additional documentation _____ Small Household, No. of Persons in Household
_____ Secondary Residence, additional documentation _____ Other, please explain _____

By requesting Low Volume Garbage service and signing this application below, the Applicant certifies and agrees to the following:

- They generate 32 gallons of trash, or less, every two (2) weeks.
- They will receive a trash pick-up once every two weeks and will have one bag or can (not to exceed 32 gal.) at each pick-up.
- All trash will be disposed of in accordance with State and local regulations.
- Any violation of this agreement will void the reduced rate and they will pay the normal rate at that time.

*Note: If recycling is the basis for the reduced rate request, you may be required to show volumes, location of recycling outside of Pulaski County PSA, dates, and material recycled in order to comply with the State regulations. Recycling applies only to items generated by your household.

5. If applying for water/sewer service(s), will the service require installation of new and/or replacement water/sewer lines by the applicant to serve the property?

_____ YES _____ NO

If YES, please provide building permit number: _____

Note: A building permit must be issued for the installation of any water/sewer lines installed by the owner prior to the provision of service by the PSA. It is the responsibility of the applicant, owner or agent to acquire this permit.

6. Does applicant own the property to be served?

_____ YES _____ NO

If NO, please provide Property Owner Information requested above and have Property Owner review and acknowledge their responsibility by signing the application in the space provided below.

7. Do you currently have, or have you ever had, service with the Pulaski County Public Service Authority?

_____ YES _____ NO

If YES, please complete the following:

Date(s) Service Provided: _____

Service Type (Water/Sewer/Garbage): _____

Customer Name: _____

Account Number (if available): _____

8. Is the property currently being, or has the property ever been, served by the Pulaski County Public Service Authority?

_____ YES _____ NO

If YES, please complete the following:

Date(s) Service Provided: _____

Service Type (Water/Sewer/Garbage): _____

Customer Name: _____

Account Number (if available): _____

9. Residential connections do not require a backflow preventer. However, a backflow preventer may be required for commercial and industrial connections. The county engineer must review this application and note type of backflow preventer which may be required. Backflow prevention required?

_____ YES _____ NO

10. How would you like to receive your Billing Statement?

_____ MAIL _____ E-MAIL _____ BOTH

11. Would you like to set up ACH Withdrawal for your monthly bill?

_____ YES _____ NO

If YES, please complete the ACH Withdrawal Form and attach with this Application for Service.

12. What date would you like service to begin? _____

CALCULATION OF FEES (FILL IN BLANKS, WHERE APPLICABLE)

RESIDENTIAL DEPOSIT FEES	FEE	QUANTITY	SUB-TOTAL
RESIDENTIAL GARBAGE	\$60	_____	_____
RESIDENTIAL WATER	\$100	_____	_____
RESIDENTIAL SEWER	\$140	_____	_____

OTHER RESIDENTIAL FEES	FEE	QUANTITY	SUB-TOTAL
MONTHLY RESIDENTIAL ROLL OFF	\$472.50	_____	_____

COMMERCIAL DEPOSIT FEES	FEE	QUANTITY	SUB-TOTAL
COMMERCIAL GARBAGE	\$120	_____	_____
COMMERCIAL WATER	\$200	_____	_____
COMMERCIAL SEWER	\$280	_____	_____
COMMERCIAL DUMPSTER	\$100	_____	_____
COMMERCIAL ROLL OFF	\$300	_____	_____

CONNECTION FEES	FEE	QUANTITY	SUB-TOTAL
RESIDENTIAL WATER	\$1,000	_____	_____
RESIDENTIAL SEWER	\$1,200	_____	_____
COMMERCIAL WATER	\$2,400	_____	_____
COMMERCIAL SEWER	\$2,400	_____	_____

TOTAL FEES TO BE COLLECTED \$ _____

The Pulaski County Public Service Authority is hereby authorized to supply the services requested by the Applicant above. The Applicant agrees to pay for all services received according to the monthly charges, meter readings and/or estimations and at the Pulaski County Public Service Authority rates. The applicant agrees to comply with the rules and regulations of the Pulaski County Public Service Authority.

I hereby certify that the above information is true and correct to the best of my knowledge:

APPLICANT

Printed Name: _____

Date: _____

Signature: _____

CO-APPLICANT

Printed Name: _____

Date: _____

Signature: _____

PROPERTY OWNER (Required If Applicant does not own Property to be served)

Printed Name: _____

Date: _____

Signature: _____

The Property Owner certifies that the Applicant (above) has entered into a lease for the property located at the Service Address (above) and is authorized to obtain services at the Service Address as a tenant of the Property Owner.

The Property Owner acknowledges that this certification serves as documentation, required under Code of Virginia, Section 15.2-2119.4, to notify the property owner of their responsibility for payment of all delinquent bills less than 90-days past due. Delinquent payments for up to 90-days service are collectible through placement of a lien on the property. In an effort to protect the property owner from this liability, deposits are required and have been calculated above.

Permit No. _____

Floodplain Development Permit Application

Date of Submittal _____



This form is used for any development in a Special Flood Hazard Area as shown on the community's effective FEMA Flood Insurance Rate Map. Development is defined as any man-made change to improved or unimproved real estate, including but not limited to buildings or other structures, mining, dredging, filling, grading, paving, excavating or drilling operation or storage of equipment or materials. Applicant must obtain all other necessary federal, state or local permits before this permit can be issued.

Property Information

Property Address/Location		
Map	Lot	Subdivision

Owner Information

Owner's Name	Phone #
Address	
Email	Mobile Phone #

Contractor Information

Contractor Name	Phone #
Company Name	Fax #
Address	
Email	Mobile Phone #

Floodplain Map Information

Map Panel #	Map Panel Date	Flood Zone	Floodway? Y N	Base Flood Elevation
-------------	----------------	------------	---------------	----------------------

Market Value Information

Market Value of Existing Structure \$	Estimated Cost of Improvements or Repairs \$
---------------------------------------	--

Description of Development:

Submittal Requirements: Site Plan showing the location of all existing and proposed structures, water bodies, adjacent roads, lot dimensions, 100-year floodplain boundary, and floodway boundary, if applicable, and proposed development. If proposed development is a new structure or substantial improvement of an existing structure, a certified and completed FEMA Elevation Certificate that includes the proposed elevation of the structure's lowest floor (including basement) shall be submitted.

Certification and Acknowledgement:

I certify that I am the owner or the authorized agent of the owner of the property upon which the work authorized by the permit sought will be performed. I further certify that the information given is true and correct to the best of my knowledge. All work will be performed in accordance with all applicable laws of the State of Virginia and the County of Pulaski.

Printed Name of Owner or Owner Representative _____ Date _____

Signature of Owner or Owner Representative _____ Date _____

Received By _____ Date _____

Application Approved By _____ Date _____

Reviewed By _____ Date _____

Application Denied By _____ Date _____

Pulaski County Building Department

Summary of Code Changes in the 2021 Virginia Statewide Building Code

This list does not include all code changes, it includes major substantive changes that impact residential projects. The effective date is January 18, 2024. Permit applicants may choose to use the 2018 or 2021 until January 18, 2025. After January 18, 2025 the 2021 Virginia Statewide Building Code will be enforced.

Residential Code Changes

Section R314.3 Building Planning – Smoke Alarms: A new location requirement addresses smoke alarms where high ceilings are adjacent to hallways serving bedrooms.

- Smoke alarms shall be installed in the hallway and in the room open to the hallway in dwelling units where the ceiling height of a room open to a hallway serving bedrooms exceeds that of the hallway by 24 inches (610 mm) or more.

Section R324.6.2 Building Planning – Solar Energy Systems: This amendment simplifies solar setback requirements at horizontal ridges by requiring no less than an 18-inch clear setback on both side of a horizontal ridge.

- Not less than an 18-inch clear setback is required on both side of a horizontal ridge.

Section R506.2.3 Floors – Vapor Retarder: A minimum 10-mil vapor retarder conforming to ASTM E1745 Class A requirements with joints lapped not less than 6-inches shall be placed between the concrete floor slab and the base course.

Section N1102.1.3 Energy Efficiency – Building Thermal Envelope: The attic/ceiling minimum R-value has increased from R-49 to R-60.

Section N1102.2.9 Energy Efficiency- Slab Insulation: Slabs shall be insulated with an R-10 continuous insulation to a depth of 4 feet.

Section N1102.2.7 Energy Efficiency- Floor Insulation: This code change provides clarification for the installation of floor cavity insulation.

Section N1102.4.6 Energy Efficiency - Electrical and communication outlet boxes: Electrical and communication outlet boxes installed in the building thermal envelope shall be sealed to limit air leakage between conditioned and unconditioned spaces. Electrical and communication outlet boxes shall be tested in accordance with NEMA OS 4 and shall be marked “NEMA OS 4” or “OS 4”.

Section N1103.3.5 Energy Efficiency – Duct Testing: This section has been updated with current test standards and requirements. Ducts and air handlers entirely within the building thermal envelope are on longer exempt and must be tested.

Section N1103.6.3 Energy Efficiency – Mechanical Ventilation Systems: Mechanical ventilation systems are now required to be tested.

- Mechanical ventilation systems shall be tested and verified to provide the minimum ventilation flow rates required by Section N1103.6.

Section N1104.2 Energy Efficiency- Electrical Power and Lighting Systems: This code change requires all permanently installed interior lighting fixtures to be controlled with a dimmer, and occupant sensor control or another control that install or built into the fixture

- Permanently installed lighting fixture shall be controlled with a dimmer, an occupant sensor control or another control that is installed or built into the fixture.

Section P2503.5.1 Plumbing Administration – Inspections and Tests: This code change details new requirements for rough plumbing tests and the addition of vacuum testing.

- Water test. Each section shall be filled with water to a point not less than 10 feet above the highest fitting connection in that system.
- Vacuum test. The portion under test shall be evacuated of air by vacuum-type pump to achieve a uniform gauge pressure of -5 pounds per square inch or a negative 10 inches of mercury column. This pressure shall be held without the removal of additional air for a period of 15 minutes.

Section P2905.3 Water Supply and Distribution – Heated Water Distribution System: The developed length of hot water piping shall not exceed 100 feet.

- The developed length of hot water piping, from the source of the hot water to the fixtures that require hot water, shall not exceed 100 feet. Water heaters and recirculating system piping shall be considered to be sources of hot water.

Section E3601.8 Services – General Services – Emergency Disconnects: An emergency service disconnect is required in a readily accessible outdoor location.

- For one- and two-family dwelling units, all service conductors shall terminate in disconnecting means having a short-circuit current rating equal to or greater than the available fault current, install in a readily accessible outdoor location. If more than one disconnect is provided, they shall be grouped.

Section E3606.5 Services – Service Equipment – Surge Protection: A surge protective device is required at the service panel.

- All services supplying one- and two-family dwelling units shall be provided with a surge protective device installed in accordance with section E3606.5 through E3606.5.3

Section E3901.4 Power and Lighting Distribution – Receptacle Outlets: Island and peninsular receptacle spacing is now based on the square footage of the countertop surface.

Section E3902 Power and Lighting Distribution – Ground-Fault and Arc-Fault Circuit-Interrupter Protection: This code change removes the 20-amp limitation. The ground-fault circuit-interrupter protection is required for up to 250-volt receptacles in the identified locations.

Section E3902.5 Power and Lighting Distribution – Ground-Fault and Arc-Fault Circuit-Interrupter Protection: This code change requires ground-fault circuit-interrupter protection in both unfinished and finished basement areas.

2021 Virginia Residential Code

2021 Residential New Construction Radon Requirements

APPENDIX AF RADON CONTROL METHODS

AF104.1 Testing.

Where radon-resistant construction is required, radon testing shall be as specified in Items 1 through 11:

1. Testing shall be performed after the dwelling passes its air tightness test.
2. Testing shall be performed after the radon control system and HVAC installations are complete. The HVAC system shall be operating during the test. Where the radon system has an installed fan, the dwelling shall be tested with the radon fan operating.
3. Testing shall be performed at the lowest occupied floor level, whether or not that space is finished. Spaces that are physically separated and served by different HVAC systems shall be tested separately
4. Testing shall not be performed in a closet, hallway, stairway, laundry room, furnace room, bathroom or kitchen
5. Testing shall be performed with a commercially available radon test kit or testing shall be performed by an approved third party with a continuous radon monitor. Testing with test kits shall include two tests, and the test results shall be averaged. Testing shall be in accordance with this section and the testing laboratory kit manufacturer's instructions.
6. Testing shall be performed with the windows closed. Testing shall be performed with the exterior doors closed, except when being used for entrance or exit. Windows and doors shall be closed for not fewer than 12 hours prior to the testing.
7. Testing shall be performed by the builder, a registered design professional or an approved third party.
8. Testing shall be conducted over a period of not less than 48 hours or not less than the period specified by the testing device manufacturer, whichever is longer.
9. Written radon test results shall be provided by the test lab or testing party. The final written test report with results less than 4 picocuries per liter (pCi/L) shall be provided to the code official.
10. Where the radon test result is 4 pCi/L or greater, the fan for the radon vent pipe shall be installed as specified in Sections AF103.9 and AF103.12.
11. Where the radon test result is 4 pCi/L or greater, the system shall be modified and retested until the test result is less than 4 pCi/L.

Exception: Testing is not required where the occupied space is located above an unenclosed open space.

Manufactured Home (Not Modular) Submittal

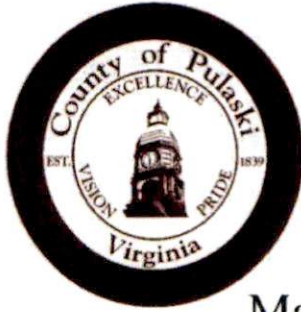
Building Code Official - Scott Macdonald (540)980-7710 opt #2

Inspector -Jeremy Carr (540)980-7710 opt #2

- **Manufactured Home Building Permit Application (must list all contractors) (must have a licensed mobile home mover)**
- **Manufactured Home floor plan and specifications**
- **Deck/Porch drawings and specifications**
- **Anchoring System**
- **Foundation/Footing diagram**
- **Homeowners affidavit – if property owner is performing any work (Electrical, Plumbing, HVAC)**
- **Agreement in Lieu of Erosion & Sediment Control – Not disturbing more than 10,000 Sq. ft.**
- **Zoning Application – Setbacks are different for each district in Pulaski County – This information is on the Pulaski County website [pulaskicounty.org/Departments/Planning & Zoning](http://pulaskicounty.org/Departments/Planning%20&%20Zoning) Zoning Contact: Levi Dalton or Markie Saunders (540)980-7710**
- **Site Plan with Setback Information**
- **PSA Application – The application is for water/sewer connections with Pulaski County, also for garbage which is required.**
- **VDH Septic Permit – If a septic system is required, contact the VA Health Department – Contact info: Cheryl Morris – (540)440-2166 (We will need a copy of this permit)**
- **Floodplain Application, is only required if in flood zone, an Elevation Certificate, Floodplain Application and VA Stamped Engineering for Foundation are required.**
- **Manufactured Home Certificate**

Inspection required for manufactured homes (Not Modular) – Footing, bolt up and anchoring, electrical, plumbing, HVAC, deck pier footings & final.

Ladder needs to be onsite for inspector.



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

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)
- 4.) Installers setting up a manufactured home shall perform such installation in accordance with the manufacturer's installation instructions and shall provide a copy of the certificate of installation to the homeowner, and to the local building official prior to issuance of the certificate of occupancy.

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**): _____

Manufactured Home Permit Application – Contractor Information (continued)

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): _____

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: _____

OWNER'S AFFIDAVIT

I _____, of (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.

(Affiant)
(Signature)

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

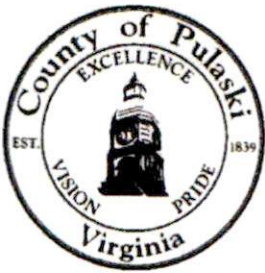
(Witness)
(Signature)

§ 54.1-1111. 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.



New Structure Zoning Permit Application
Department of Planning & Zoning
 143 Third Street, NW, Suite 1
 Pulaski, VA 24301
 540-980-7710
<http://www.pulaskicounty.org>

Applicant:			
Mailing Address:			
Phone:		E-mail:	
Property Owner: (If Different)		Tax Map Number:	
911 Address/Site of the proposed structure:		Area or Acreage of Parcel:	
What is the estimated value of the structure?	How many residential structures are currently on the parcel?		
\$ _____	Proposed Height:	Proposed Square Footage:	
Zone District:	Circle all that apply to the Proposed Structure:		
Zone Setbacks:	Residential Use	Commercial Use	Industrial Use
Front: _____	Stick Built Home	Modular Home	Manufactured Home
Side: _____	Agriculture Use	Barn	Storage Shed
Rear: _____	Garage	Porch	Deck
	Onsite well	Public Water	Onsite Septic
	Existing VDOT Entrance to State Route	New VDOT Entrance Proposed	
Is Site Plan Attached?	Applicant: Attach a site plan showing the proposed structure location and the linear distance in feet to all property lines, and the road right of way line. Show existing and proposed structures on the site plan. A site plan on aerial imagery is preferred and is available at pulaskicounty.org/gis.html The site plan is part of the application.		
YES Or NO			

Pulaski County assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit. The approval of a zoning permit is based upon the information provided. By signing this application, I grant permission for an agent of the building or zoning department to visit my site for necessary review and inspections. I understand that failure to place the structure in accordance with the standards of the Pulaski County Unified Development Ordinance may result in a Notice of Violation.

Signature (Property Owner): _____ **Date:** _____

Printed Name (Property Owner): _____ **Date:** _____

Received by: _____	Date: _____
Payment Type and Amount: _____	Airport Overlay Review: _____

**Agreement in Lieu of an Erosion & Sediment Control Plan for
a Single Family Residence**

Building Permit No. _____
Subdivision (if applicable) _____
Lot No. (if applicable) _____

In lieu of submission of an erosion and sediment control plan for the construction of this single family dwelling, I agree to comply with any reasonable requirements determined by the county engineer of Pulaski County, Virginia. Such requirements shall be based on the conservation standards contained in the Pulaski County Erosion and Sediment Control Ordinance, and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project.

As a minimum, all denuded areas on the lot shall be stabilized within seven days of final grading with permanent vegetation or a protective ground cover suitable for the time of year.

I further understand that failure to comply with such requirements within three working days following notice by the representative of Pulaski County could result in citation for violation of the Pulaski County Erosion and Sediment Control Ordinance.

Measures specified by plan approving authority:

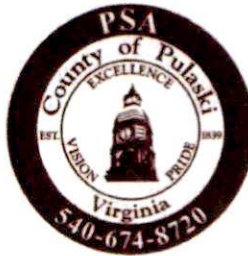
Signature of Landowner _____

Party responsible for erosion control (if different from landowner)

Approved by _____

Date _____

PULASKI COUNTY
PUBLIC SERVICE AUTHORITY
205 BROAD ST
DUBLIN, VA 24084
PHONE: (540) 674-8720
FAX: (540) 674-5087
AFTER HRS: (540) 980-7800
OFFICE HOURS MON-FRI 7:30 AM- 4:00 PM



OFFICE USE ONLY

Date Received: _____

Date Completed: _____

Clerk: _____

Account #: _____

CID #: _____

PULASKI COUNTY PUBLIC SERVICE AUTHORITY APPLICATION FOR SERVICE

APPLICANT INFORMATION

Name: _____

Service Address/Tax Map No.: _____

Mailing Address (if different): _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

Email: _____

Driver's License No.: _____

Social Security No./Tax ID No.: _____

Name of Employer: _____

CO-APPLICANT INFORMATION

Name: _____

Relation to Applicant: _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

Email: _____

Driver's License No.: _____

Social Security No./Tax ID No.: _____

Name of Employer: _____

PROPERTY OWNER INFORMATION (IF PROPERTY NOT OWNED BY APPLICANT)

Name: _____

Mailing Address: _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

SERVICE INFORMATION

1. Application type? Please check **all** that apply,

_____ New Account _____ Change of Address _____ Name Change

2. Service Type?

_____ Residential _____ Commercial/Industrial

3. Services requested? Please check **all** that apply,

_____ Water _____ Sewer _____ Standard Garbage _____ Low Volume Garbage

_____ Dumpster _____ Roll-off _____ Other _____

SERVICE INFORMATION CONTINUED

4. If applying for Low Volume Garbage service, please provide documentation:

_____ Recycling*, additional documentation _____ Small Household, No. of Persons in Household
_____ Secondary Residence, additional documentation _____ Other, please explain _____

By requesting Low Volume Garbage service and signing this application below, the Applicant certifies and agrees to the following:

- They generate 32 gallons of trash, or less, every two (2) weeks.
- They will receive a trash pick-up once every two weeks and will have one bag or can (not to exceed 32 gal.) at each pick-up.
- All trash will be disposed of in accordance with State and local regulations.
- Any violation of this agreement will void the reduced rate and they will pay the normal rate at that time.

*Note: If recycling is the basis for the reduced rate request, you may be required to show volumes, location of recycling outside of Pulaski County PSA, dates, and material recycled in order to comply with the State regulations. Recycling applies only to items generated by your household.

5. If applying for water/sewer service(s), will the service require installation of new and/or replacement water/sewer lines by the applicant to serve the property?

_____ YES _____ NO

If YES, please provide building permit number: _____

Note: A building permit must be issued for the installation of any water/sewer lines installed by the owner prior to the provision of service by the PSA. It is the responsibility of the applicant, owner or agent to acquire this permit.

6. Does applicant own the property to be served?

_____ YES _____ NO

If NO, please provide Property Owner information requested above and have Property Owner review and acknowledge their responsibility by signing the application in the space provided below.

7. Do you currently have, or have you ever had, service with the Pulaski County Public Service Authority?

_____ YES _____ NO

If YES, please complete the following:

Date(s) Service Provided: _____

Service Type (Water/Sewer/Garbage): _____

Customer Name: _____

Account Number (if available): _____

8. Is the property currently being, or has the property ever been, served by the Pulaski County Public Service Authority?

_____ YES _____ NO

If YES, please complete the following:

Date(s) Service Provided: _____

Service Type (Water/Sewer/Garbage): _____

Customer Name: _____

Account Number (if available): _____

9. Residential connections do not require a backflow preventer. However, a backflow preventer may be required for commercial and industrial connections. The county engineer must review this application and note type of backflow preventer which may be required. Backflow prevention required?

_____ YES _____ NO

10. How would you like to receive your Billing Statement?

_____ MAIL _____ E-MAIL _____ BOTH

11. Would you like to set up ACH Withdrawal for your monthly bill?

_____ YES _____ NO

If YES, please complete the ACH Withdrawal Form and attach with this Application for Service.

12. What date would you like service to begin? _____

CALCULATION OF FEES (FILL IN BLANKS, WHERE APPLICABLE)

RESIDENTIAL DEPOSIT FEES	FEE	QUANTITY	SUB-TOTAL
RESIDENTIAL GARBAGE	\$60	_____	_____
RESIDENTIAL WATER	\$100	_____	_____
RESIDENTIAL SEWER	\$140	_____	_____

OTHER RESIDENTIAL FEES	FEE	QUANTITY	SUB-TOTAL
MONTHLY RESIDENTIAL ROLL OFF	\$472.50	_____	_____

COMMERCIAL DEPOSIT FEES	FEE	QUANTITY	SUB-TOTAL
COMMERCIAL GARBAGE	\$120	_____	_____
COMMERCIAL WATER	\$200	_____	_____
COMMERCIAL SEWER	\$280	_____	_____
COMMERCIAL DUMPSTER	\$100	_____	_____
COMMERCIAL ROLL OFF	\$300	_____	_____

CONNECTION FEES	FEE	QUANTITY	SUB-TOTAL
RESIDENTIAL WATER	\$1,000	_____	_____
RESIDENTIAL SEWER	\$1,200	_____	_____
COMMERCIAL WATER	\$2,400	_____	_____
COMMERCIAL SEWER	\$2,400	_____	_____

TOTAL FEES TO BE COLLECTED \$ _____

The Pulaski County Public Service Authority is hereby authorized to supply the services requested by the Applicant above. The Applicant agrees to pay for all services received according to the monthly charges, meter readings and/or estimations and at the Pulaski County Public Service Authority rates. The applicant agrees to comply with the rules and regulations of the Pulaski County Public Service Authority.

I hereby certify that the above information is true and correct to the best of my knowledge:

APPLICANT

Printed Name: _____

Date: _____

Signature: _____

CO-APPLICANT

Printed Name: _____

Date: _____

Signature: _____

PROPERTY OWNER (Required if Applicant does not own Property to be served)

Printed Name: _____

Date: _____

Signature: _____

The Property Owner certifies that the Applicant (above) has entered into a lease for the property located at the Service Address (above) and is authorized to obtain services at the Service Address as a tenant of the Property Owner.

The Property Owner acknowledges that this certification serves as documentation, required under Code of Virginia, Section 15.2-2119.4, to notify the property owner of their responsibility for payment of all delinquent bills less than 90-days past due. Delinquent payments for up to 90-days service are collectible through placement of a lien on the property. In an effort to protect the property owner from this liability, deposits are required and have been calculated above.

Permit No. _____

Floodplain Development Permit Application

Date of Submittal _____



This form is used for any development in a Special Flood Hazard Area as shown on the community's effective FEMA Flood Insurance Rate Map. Development is defined as any man-made change to improved or unimproved real estate, including but not limited to buildings or other structures, mining, dredging, filling, grading, paving, excavating or drilling operation or storage of equipment or materials. Applicant must obtain all other necessary federal, state or local permits before this permit can be issued.

Property Information

Property Address/Location		
Map	Lot	Subdivision

Owner Information

Owner's Name	Phone #
Address	
Email	Mobile Phone #

Contractor Information

Contractor Name	Phone #
Company Name	Fax #
Address	
Email	Mobile Phone #

Floodplain Map Information

Map Panel #	Map Panel Date	Flood Zone	Floodway? Y N	Base Flood Elevation
-------------	----------------	------------	---------------	----------------------

Market Value Information

Market Value of Existing Structure \$	Estimated Cost of Improvements or Repairs \$
---------------------------------------	--

Description of Development: _____

Submittal Requirements: Site Plan showing the location of all existing and proposed structures, water bodies, adjacent roads, lot dimensions, 100-year floodplain boundary, and floodway boundary, if applicable, and proposed development. If proposed development is a new structure or substantial improvement of an existing structure, a certified and completed FEMA Elevation Certificate that includes the proposed elevation of the structure's lowest floor (including basement) shall be submitted.

Certification and Acknowledgement:

I certify that I am the owner or the authorized agent of the owner of the property upon which the work authorized by the permit sought will be performed. I further certify that the information given is true and correct to the best of my knowledge. All work will be performed in accordance with all applicable laws of the State of Virginia and the County of Pulaski.

Printed Name of Owner or Owner Representative

Date

Signature of Owner or Owner Representative

Date

Received By

Date

Application Approved By

Date

Reviewed By

Date

Application Denied By

Date