



County of Pulaski, VA
County Administration Building
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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: _____