

Applicant Signature:___

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: \$

buildingdept@pulaskicounty.org

Plumbing Permit Application

Date:	——————————————————————————————————————	P 000- 0	
Project Address and/or Tax Map	<mark>#</mark> :	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 wor	rk <u>MUST</u> submit a Homeow	ners Affidavit	
Office Use Only - Homeowner Affidavi	t Submitted? Yes/NO Date	received:	
Contractor:			
Contractor Address:			
VA State License #:	Pulaski County License #:		
Main Contact Person:		Cell:	
Office/Alt Phone:	Fax:	Email:	
Residential connections do not require commercial and industrial connection backflow preventer that might be reconstructed.	ns. The county engineer must i	review this applicati	ion and note type of
Application is made herewith for a Plumbing Permit of state and local regulations and in accordance with app Applications are processed in the order they are received.	proved plans. The applicant further attests tha	t the information provided in	n the application is true and correct.
Contractor Signature:			