



County of Pulaski, VA
 County Administration Building
 143 3rd Street, NW, Suite 1
 Pulaski, VA 24301
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 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: _____