

New Structure Zoning Permit Application Department of Planning & Zoning 143 Third Street, NW, Suite 1 Pulaski, VA 24301 540-980-7710

8-	niip://www.pulaskicouniy.org				
Applicant:	·	•			
Mailing Address:					
Phone:	E-mail:				
Property Owner:	Tax Map I			o Number:	
(If Different)					
911Address/Site of the	Area or Ac			Acreage of Parcel:	
proposed structure:					
What is the estimated	How many residential structures are currently on the parcel?				
value of the structure?					
¢	Droposed Height:		Dronoso	d Sauara Eastaga	
\$	Proposed Height: Proposed Square Footage: Circle all that apply to the Proposed Structure:				
Zone District:	Circle	an mai app	ny to the	Proposed Structure.	
Zone District.	Residential Use	Commercia	al Use I	Industrial Use	Other Use
	Stick Built Home	Modular H	ome	Manufactured Home	Addition
Zone Setbacks:					
	Agriculture Use	Barn	•	Storage Shed	Carport
Front:					
	Garage	Porch		Deck	Other
Side:	0	D 11: W		0 - 1 - 0 - 1	D 111 0
Deem	Onsite well	Public Water		Onsite Septic	Public Sewer
Rear:	Existing VDOT Entrance to State Boute New VDOT Entrance Branced				
	Existing VDOT Entrance to State Route New VDOT Entrance Proposed				
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.				
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Pulaski County assumes n approving the plans associ provided. By signing this a visit my site for necessary with the standards of the P	iated with this permit. T pplication, I grant perm review and inspections	The approval hission for an s. I understan	of a zonir agent of t d that fail	ng permit is based upor the building or zoning o ure to place the structu	n the information department to ire in accordance
Signature (Property Owner):			Date:		
Printed Name (Property Owner):			Date:		
Received by:		Γ	Date:		_
Payment Type and Amount: Airport Overlay Review:					