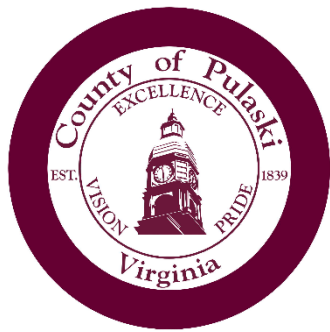




County of Pulaski, VA
County Administration Building
143 3rd Street, NW, Suite 1
Pulaski, VA 24301
(P) 540.980.7710
(F) 540.980.7717
buildingdept@pulaskicounty.org

VERSION 3-2020
OFFICE USE ONLY

Permit #: _____

Permit Fee: \$ _____

Commercial Building 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): \$ _____

Please answer all of the following questions when applicable:

Is this property located in the 100-year Floodplain? Yes / NO

Category of Construction: Building Use Group: _____ Type of Construction: _____

Currently Sprinkled? Yes / NO

Will you need a Temporary Power Pole? Yes / NO AEP Work Order #: _____

Please circle all that apply: Electrical Plumbing Mechanical Gas Sprinkler Fire Alarm

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)**

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 #: _____

Zoning Site Plan: Yes / NO **Zoning Site Plan Petition #:** _____

2 Sets of Building Plans Submitted: Yes / NO **Manual S/J: Yes / NO**

Describe Entrance: _____

Please complete all that apply:

Building Dimensions: _____ Building Height of Principle Structure: _____

Number of Stories: _____ Number of Units: _____

Total Square Footage of the Project (this includes unfinished areas): _____

Will you need a Third Party Inspector? Yes / NO

* IF YES, CONTACT INFORMATION MUST BE SUBMITTED AT THE TIME OF REVIEW *

Third Party Inspector: _____

Address: _____ City: _____ St: _____ Zip: _____

Main Contact Person: _____ Cell: _____

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

General Contractor: _____

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

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

Main Contact Person: _____ Cell: _____

Office/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 and 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: _____