

# BUILDING PERMIT APPLICATION

## COMMERCIAL ONLY

Town of Pulaski  
42 1st Street  
Pulaski VA 24301

Phone: 540-994-8619  
Fax: 540-994-8699



Date of Application: \_\_\_\_\_

Review period of all permit applications is a minimum of 3 business days

### TYPE OF PERMIT (One application for each type of permit)

New Construction	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Fire Safety _____	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	(Sprinkler, Alarm, or Hood)	
HVAC	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Asbestos Abatement	<input type="checkbox"/>	Sign	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

### TYPE OF WORK (Check One)

Addition	<input type="checkbox"/>	Alteration	<input type="checkbox"/>
Co-Location	<input type="checkbox"/>	New Tower	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

### CATEGORY OF CONSTRUCTION (Check One)

Building group use:	_____
Type of construction:	_____
Currently Sprinkled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	_____

### SCOPE OF WORK (Describe briefly, but thoroughly)


### JOB SITE INFORMATION

911 Address	_____
City/State/ZIP	_____
Lot or Apt #	_____

### PROPERTY OWNER INFORMATION

Name	_____
Mailing Address	_____
City/State/ZIP	_____
Phone #	_____ Cell # _____
Temporary power pole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Height of Principle Structure:	_____
Disposal permit?	<input type="checkbox"/>

I hereby certify that I have authority to make this application and to the truthfulness of the information 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 Building/Zoning Permit may be revoked. By signing this application I am hereby certifying that I am responsible for conveying all information relevant to this application including Building, Zoning, E&S Control Codes and all other applicable codes to the property owner and/or contractor.

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

### NEW CONSTRUCTION/ADDITIONS

New Building Area:	_____
Number of Stories:	_____
Number of Units:	_____

Is the job site in the 100- year floodplain Yes  No

Primary Heat Type:	Heat Pump <input type="checkbox"/>	Gas <input type="checkbox"/>	Elec. <input type="checkbox"/>
	Solar <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Other <input type="checkbox"/>

Com Check Worksheet is required at time of application for calculating heating and cooling requirements.

Balanced HVAC System Report

Foundation Type: Masonry  Slab

Site Plan Yes  No

### For Office Use Only

Site Plan Format: \_\_\_\_\_ Added to system: \_\_\_\_\_

### CONTRACTOR INFORMATION (General or Trades)

Name:	_____
Address:	_____
Phone Number:	_____
Contractor Address:	_____
Zip Code:	_____
VA Contractor's License Number:	_____

### ALTERATIONS/DEMOLITIONS

Permit fees are based on the value of work performed. Including equipment and labor. This estimate includes construction costs only, minus trades estimates.

ESTIMATED COST \$ \_\_\_\_\_

### OTHER REQUIRED INFORMATION

AEP Work Order Number	_____	Temporary:	_____
(1-800-956-4237)	_____	Permanent/Reconnect:	_____

When Applicable, the following may be required:

Site Plan Petition #: \_\_\_\_\_

Special Use Permit Petition #: \_\_\_\_\_

### For Office Use Only

Tax Map#	_____	Parcel ID:	_____	Zone:	_____	Acreage:	_____
Zoning Statement:	_____						
Subdivision:	_____	Lot#:	_____	Section:	_____		
Front:	_____	Rear:	_____	Left:	_____	Right:	_____
Height:	_____						
Remarks:	_____						

Approved by: C.B.O. \_\_\_\_\_ C.Z.A. \_\_\_\_\_

Approval date: \_\_\_\_\_

**Town of Pulaski**  
**STATEMENT OF CONTRACTORS**

---

**MECHANICS LIEN AGENT (if applicable)**

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Business Address: \_\_\_\_\_

**GENERAL CONTRACTOR**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

**ELECTRICAL CONTRACTOR**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

**PLUMBING CONTRACTOR**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

**HVAC CONTRACTOR**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

**GAS CONTRACTOR**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

**SPECIALTY CONTRACTOR** (ie. Fire Alarm/Sprinkler/Suppression Systems, Sprinkler, Kitchen Hood, Asbestos, Modular, etc.)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Virginia Contractor's License Number \_\_\_\_\_

---

**OWNER'S AFFIDAVIT** (Only fill out if you are the owner and doing the work yourself)

I, \_\_\_\_\_, of \_\_\_\_\_ (Current Address) affirm that I am the owner of a certain tract or parcel of land located at: \_\_\_\_\_ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**§ 54.1-111. Prerequisites to obtaining building, etc., permit.** Any person applying to the building inspector or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950 § 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765; 1990, c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

**Cross references.** As to punishment for Class 3 misdemeanors, see § 18.2-11.