

Town of Pulaski
42 1st Street
Pulaski VA 24301

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



DEMOLITION PERMIT APPLICATION

All Disconnect paperwork must accompany application

AEP Power Disconnection Date: _____
Disconnect number: _____

Water Disconnection

Phone Company

Sanitary Sewer Lateral and Water Line Capped on Private Property at the Right of Way Line

ATMOS Disconnection Date: _____

Septic Tank Date: _____

Cable Company

Asbestos Report (required for buildings built prior to 1985)

If in a Historic District, attach the Certificate of Appropriateness

Total Cost of Demolition \$ _____
(include cost of all labor & materials for the entire project)

Obtain a Bond in the same amount as the estimate cost of the demolition (minimum \$400).

Type of Bond (see instruction sheet for accepted Bonds): _____

Bond Amount: _____

Bond Release Date: _____

Date of Application: _____

Both pages are to be completed.

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

TYPE OF WORK (Check One)

Commercial <input type="checkbox"/>	Complete <input type="checkbox"/>
Governmental <input type="checkbox"/>	Partial/ Accessory <input type="checkbox"/>
Residential <input type="checkbox"/>	Interior Only <input type="checkbox"/>

SCOPE OF WORK

(Describe briefly, but thoroughly)

POST DEMOLITION USE AND GRADING

JOB SITE INFORMATION

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

PROPERTY OWNER INFORMATION

Name	_____
Mailing Address	_____
City/State/ZIP	_____
Phone #	Cell # _____

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. I certify that I understand the terms and conditions of the associated Bond in accordance with the Town of Pulaski to assure projects are completed in a timely manner and I am responsible for any and all complacency. 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 re-sponsible 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 Phone #

Date

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: _____