

RESIDENTIAL ONLY

Town of Pulaski
42 1st Street
Pulaski VA 24301

Phone: 540-994-8606
Fax: 540-994-8699

**BUILDING/ZONING PERMIT APPLICATION**

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)

New Construction	<input type="checkbox"/>	Alteration	<input type="checkbox"/>
Addition	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Water/Sewer Line	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

CATEGORY OF CONSTRUCTION (Check One)

Single Family Dwelling	<input type="checkbox"/>	Patio Home	<input type="checkbox"/>
Manufactured Home	<input type="checkbox"/>	Multi-family (Duplex/Townhouse/Apts)	<input type="checkbox"/>
Dock	<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>
Attached Garage	<input type="checkbox"/>	Detached Garage	<input type="checkbox"/>
Modular:			
On-Frame	<input type="checkbox"/>	Off-Frame	<input type="checkbox"/>

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? (New homes only) Yes No

(grade to finished ceiling height)

Building Height of Principle Structure: _____

Building Height of Accessory Building: _____

Year Constructed: _____

Estimated Construction Cost: _____

Estimated Square Footage of Project: _____

Disposal permit?

Check all permits needed that apply...

Electric Plumbing HVAC Gas

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 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: _____

NEW CONSTRUCTION/ADDITIONS/MANUFACTURED HOMES

Building Size (ie. 24x36): _____

Number of Bedrooms: _____

Number of Full Baths: _____

Number of Half Baths: _____

Existing Buildings on Property and Dimensions (incl. main dwelling): _____

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

Manual J Calculations are required at time of application for calculating heating and cooling requirements.

(New HVAC Units Only)

Please check which of the two testing options you will use.

Blower Door Test

Visual Inspection by Pre-Approved 3rd Party Inspector

Duct Tightness Test

Foundation Type: Masonry Poured Wall

Other _____ <input type="checkbox"/>	Crawlspace:			
	Conditioned	<input type="checkbox"/>	Unconditioned	<input type="checkbox"/>
	Backfill _____		Height _____	

First Floor _____ sq. ft.

Second Floor _____ sq. ft.

Third Floor _____ sq. ft.

Basement (Fin) _____ sq. ft.

Basement (Unfin) _____ sq. ft.

Porch (w/ roof) _____ sq. ft.

Deck (no roof) _____ sq. ft.

Garage _____ sq. ft.

Attic/Bonus Room (over 7' & 70 sq. ft) _____ sq. ft.

MANUFACTURED HOME ONLY

Type: Single Double Triple

Manufacturer: _____ Size: _____

Year: _____ Color: _____

Front Porch/Deck Size: _____ Rear/Side Deck/Porch Size(s): _____

HUD Sticker Present? Yes No

OTHER REQUIRED INFORMATION

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

AEP Work Order Number Temporary: _____

(1-800-956-4237) Permanent/Reconnect: _____

Site Plan Yes No

For Office Use Only Site Plan Format: _____ Added to system: _____

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.