



Town of Pulaski Business Occupancy Application

PO Box 660
Pulaski Virginia 24301
540- 994-8640

Contact Person: _____ Phone: _____

Business Name: _____ Phone: _____

Property Address _____

Occupancy request by: _____

Email Address: _____

Relationship to owner: Owner Lessee Agent (permit holder, design professional)

Yes No: Has the Fire Marshall, Zoning Administrator or Building Official been contacted regarding change of use?

Current Zoning: _____ Proposed Zoning: _____

Current Use: _____ Proposed Use: _____

Yes No : will there be any alterations to existing signs or their locations?

Yes No : will there be any new signs added to the building?

Yes No : does the structure/ parking lot have exterior lighting?

Yes No : will there be a dumpster on the premises?

Number of striped existing parking spaces _____ Number of striped & signed ADA spaces _____

Square footage of the building or space: _____

Yes No : Does the building have an active sprinkler system?

Yes No : will there be any structural modifications to the building?

Approved: To be completed by staff: Backflow prevention device verified for testing requirements

If there will be any alterations to the building; please check the appropriate box that applies

Framing Electrical Mechanical Plumbing

Yes No : will there be any changes to the parking lot or building entrance?

Yes No : Any changes in the current means of egress that involve exit doors, corridors, or locking arrangements of required exit doors?

Note: Any alterations to any part of the building require the alteration to comply with the current edition of the building code in effect at that time.

Signature of Applicant: _____ Date: _____

