



## Town of Pulaski Building 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: \_\_\_\_\_

**\*\*This is not a certificate of occupancy\*\***

Approved | Disapproved

<input type="checkbox"/>	<input type="checkbox"/>	_____	Date: _____
		Zoning Administrator	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date: _____
		Building Official	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date: _____
		Fire Marshall	

Notes: