



**Commercial Use - Form 1000**  
 Department of Planning and Community Development  
 P.O. Box 217, Independence, VA 24348  
 Voice -276-773-2471 Fax-276-773-3673  
 www.graysongovernment.com

<b>Last Name, First Name of Business</b>			
<b>Mailing Address</b>			
<b>Contact Phone</b>		<b>E-mail:</b>	
<b>Property Owner</b>		<b>Tax Map Number:</b>	
<b>911 Address/Site</b>		<b>Area or Acreage of Parcel:</b>	
<b>Describe the type of proposed structure(s) and size of structure(s)</b>			
<b>List proposed use(s) of the new structure(s)</b>			
<b>List the business use(s) from the definition in Zoning Ordinance.</b>			
<b>Is the property located in a floodplain?</b>	YES	NO	<b>Please circle the correct response</b>
<b>Will the structure be in a floodplain?</b>	YES	NO	
<b>If so is the floodplain elevation determined?</b>	YES	NO	
<b>Will the structure(s) be placed at least 35 feet from the centerline of public road/street?</b>			
<b>Will the structure(s) be located at least 10 feet from all adjoining property lines?</b>			
<b>Article 3-12 of the Grayson County Zoning Ordinance requires a 50' separation distance of all outdoor activities to the adjacent property lines.</b>	<b>Please describe the separation distance, attach a site plan showing the separation distance or the written correspondence from adjacent landowners where required.</b>		

<p><b>Article 3-12 requires consultation with local and state agencies.</b></p> <p><b>The Department of Planning &amp; Community Devpt can assist the applicant with this process.</b></p>	<ol style="list-style-type: none"> <li>1) <b>What type of access is there to the state route? Please describe.</b></li> <li>2) <b>VDOT must be consulted – Please attach documentation.</b></li> <li>3) <b>Health Dept. must be consulted- Please attach documentation.</b></li> <li>4) <b>Building Dept. must be consulted- Please attach documentation.</b></li> </ol> <p><b>Comments:</b></p>
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New structures placed on a parcel will require a site plan sketch showing the distances to the property lines and the distances to the centerline of the public street for zoning approval.

The Zoning Administrator will visit the site to verify the zoning requirements are met. When property lines are not evident it is the responsibility of the property owner to identify property lines. Please indicate the completion date of this project. The Zoning Administrator will visit the site after this date to insure zoning compliance.

**Is there open access?** \_\_\_\_\_ **Date of project completion:** \_\_\_\_\_

I certify that all information listed on this application is true and correct to the best of my belief and knowledge. The approval of a zoning permit is based upon the information provided on this application; any false representation may null and void this permit. By signing this application I grant permission for an agent of the building or zoning department to visit my site for necessary review and inspections. I understand that any non-compliance may result in potential removal of the structure, notice to discontinue use or a Notice of Violation in accordance with the Grayson County Zoning Ordinance.

**Date:** \_\_\_\_\_ **Signature (Property Owner):** \_\_\_\_\_

OFFICE USE ONLY – Commercial Use Application- Form 1000 - Revised 07/07/2014	
<p><b>Zoning District:</b> _____</p> <p><b>Building Official Consulted:</b> _____</p> <p><b>Health Dept. Consulted:</b> _____</p> <p><b>VDOT Consulted:</b> _____</p> <p><b>Permit Number:</b> _____</p> <p><b>Other Forms/Process:</b> _____</p>	<p><b>Floodplain Review:</b> _____</p> <p><b>Outdoor Setbacks met:</b> _____</p> <p><b>Zoning Approved By:</b> _____</p> <p><b>Application Date:</b> _____</p> <p><b>Use and Density Confirmed:</b> _____</p>