



ACCESSORY STRUCTURE PERMIT APPLICATION- FORM 8000

Grayson County Building Department

P.O. Box 217, Independence, VA 24348

Phone: 276-773-2322 Fax: 276-773-0305

276-236-8149 X 148

Toll Free: 1-800-752-5117

www.graysoncountyva.gov

Contractor/Applicant Name		
Applicant Address		
Applicant Phone		
Email Address		Tax Map No.
Property Owner Address (if different from above)		
Owner Phone		
Job Site Address		
Construction Type Have you included your plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manufactured Prefabricated Building <i>Stamped Plans Required for setup</i>	<input type="checkbox"/> Onsite Construction <i>Construction drawings approved by Building Official prior to permit issuance.</i>
Material Type	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Block <input type="checkbox"/> Other _____	
Building Size	_____ X _____ = sq. ft. _____ Length Width	
Licensed Contractor Information OR <input type="checkbox"/> Owner Affidavit AFF-1100	Contractor Name: _____ Business Name: _____ State License No. _____ Exp. Date: _____ Estimated Construction Cost \$ _____	

Zoning Approval:

- Have you provided an approved Zoning Permit Application, Form 0100? Yes No

Electrical and/or Plumbing Questions:

- Will the accessory structure have a separate electrical service installed for the structure? Yes No

If **Yes**, provide the AEP connect number given when setting up the account for service. Connect No. _____

- Will the accessory structure require electrical wiring installed for lighting and/or use of receptacles? Yes No
- Will the accessory structure have plumbing fixtures installed in or attached to the structure? Yes No

If you checked YES to any question above, please include a Trade Permit Application Form 3000 with this application.

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of the record and I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and polices and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the areas described therein at any responsible hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant Signature: _____ Date: _____

OFFICE USE:

Date Received: _____

Received by: _____

Tax Ticket Review: Paid Unpaid Exempt

Permit #: _____

Plan Review Approved: Yes No

NOTES: