



COMMERCIAL PERMIT APPLICATION – FORM 2000

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.graysongovernment.com

Contractor/Applicant Name		
Applicant Address		
Applicant Phone		Email:
Property Owner Name <i>(if different from above)</i>		
Property Owner Address		
Owner Phone		
Job Site Address		Tax Map #:
Permit Type	<input type="checkbox"/> New Construction <input type="checkbox"/> Property Maintenance Inspection <input type="checkbox"/> Addition <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Demolition	
New Construction or Alterations <i>(complete all that apply)</i>	New Building Area _____ sq ft. No. of Stories: _____ No. of Units: _____	
Alterations or Demolitions	Year Built: _____ Area of Alteration/Remodel _____ sq. ft. Asbestos Survey <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent of the year the structure was built an Asbestos Survey may be required.
Extent of Work <i>(Briefly describe the project)</i>		

Licensed Contractor Information OR <input type="checkbox"/> Owner Affidavit <i>(provide Form AFF-1100)</i>	Contractor Name: _____ Business Name: _____ State License #: _____ Exp. Date: _____ Estimated Construction Cost \$ _____
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Mechanics Lien Agent <i>(optional)</i>	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____
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Trade Permits Involved <i>(complete all that apply)</i>	<input type="checkbox"/> Electrical <input type="checkbox"/> Elevator Fire Safety: <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign <input type="checkbox"/> Sprinkler <input type="checkbox"/> Alarm <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Mechanical
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Water & Sewage Source	Water: <input type="checkbox"/> Well Sewage: <input type="checkbox"/> Septic <input type="checkbox"/> Public <input type="checkbox"/> Public	<i>New construction remodels & additions may require Health Department Permits</i>
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Required Items Prior to Issuance of Permits	<input type="checkbox"/> Construction Plans <input type="checkbox"/> Erosion & Sediment Control Plan <input type="checkbox"/> VDOT Highway Entrance Permit <input type="checkbox"/> Stormwater Permit <input type="checkbox"/> Health Dept. Permits <input type="checkbox"/> Certified Responsible Land Disturber No.
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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 that 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 policies 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 herein 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: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Permit #: _____ Plan Review: _____	Notes:
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