



TRADE PERMITS APPLICATION – FORM 3000

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"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Safety	
Category	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational	
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 \$ _____	

<p>Electrical Permit <i>(complete all that apply)</i></p>	<input type="checkbox"/> Additional Wiring <input type="checkbox"/> Temporary Pole <input type="checkbox"/> Repair Service <input type="checkbox"/> Change Service <input type="checkbox"/> New Service <input type="checkbox"/> Replace/Repair Equipment <input type="checkbox"/> Recreational Service <input type="checkbox"/> Reconnect Service No. of Amps _____ <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service AEP Work Order No's. _____ & _____
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<p>Mechanical Permit <i>(check all that apply)</i></p>	<input type="checkbox"/> Fuel/Gasoline <input type="checkbox"/> HVAC Equipment <input type="checkbox"/> Gas <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair
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<p>Plumbing Permit <i>(check all that apply)</i></p>	<input type="checkbox"/> Waterline <input type="checkbox"/> Sewerline <input type="checkbox"/> Irrigation/Lawn Sprinklers <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair
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<p>Fire Safety Permit <i>(check all that apply)</i></p>	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Other <i>(describe)</i> _____ <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Repair
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I herby 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:** _____

<p>OFFICE USE</p> Date Received: _____ Received By: _____ Tax Ticket Review: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Permit #: _____ Plan Review: _____	<p>Notes:</p>
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