



# RESIDENTIAL PERMIT APPLICATION – FORM 1000

## 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

<b>Contractor/Applicant Name</b>		
<b>Applicant Address</b>		
<b>Applicant Phone</b>		<b>Email:</b>
<b>Property Owner Name</b> <i>(if different from above)</i>		
<b>Property Owner Address</b>		
<b>Owner Phone</b>		
<b>Job Site Address</b>		<b>Tax Map #:</b>
<b>Permit Type</b>	<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"/> Recreational <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____	
<b>Category</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Modular <input type="checkbox"/> Townhouse <input type="checkbox"/> Accessory Structure	<b>Manufactured Home:</b> <input type="checkbox"/> Double Wide <input type="checkbox"/> Single Wide  Model #: _____ Manufacture: _____ Year: _____ Size: _____ x _____
<b>Extent of Work</b> <i>(Briefly describe the project)</i>	_____ _____ _____ _____	

**Licensed Contractor Information OR**

**Owner Affidavit**  
(provide Form AFF-1100)

Contractor Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
State License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_

**Mechanics Lien Agent**  
(optional)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Construction Information**  
(complete all that apply)

# Bedrooms: \_\_\_\_\_ # Full Baths: \_\_\_\_\_ # Half Baths: \_\_\_\_\_  
Living Area: \_\_\_\_\_ sf. Garage Area: \_\_\_\_\_ sf. Carport Area: \_\_\_\_\_ sf.  
Deck Area: \_\_\_\_\_ sf. Covered Porch Area: \_\_\_\_\_ sf.  
Remodel Area: \_\_\_\_\_ sf. Other: (describe) \_\_\_\_\_ sf.  
 Slab  Crawlspace Basement:  Finished  Unfinished  Partial Finished

**Water & Sewage Source**

Water:  Well  Public  
Sewage:  Septic  Public

*New construction remodels & additions may require Health Department Permits*

**Heating Type**  
(check all that apply)

Heat Pump  Electric  
 Gas  Geo Thermal  
 Wood Stove  Wood Stove

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:  Paid  Unpaid  
Permit #: \_\_\_\_\_  
Plan Review: \_\_\_\_\_  
Enterprise Zone:  Yes  No  
Location: \_\_\_\_\_

**NOTES:**