

## SIGN PERMIT APPLICATION - FORM 4000

## 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:	
<b>Property Owner Name</b> ( <i>if different from above</i> )		L	
Property Owner Address			
Owner Phone			
Job Site Address			Tax Map #:
Sign Type	<ul> <li>Ground Sign</li> <li>Wall Sign</li> <li>Marquee Sign</li> <li>Combination Sign</li> <li>Pole Sign</li> <li>Roof Sign</li> <li>Projecting Sign</li> </ul>		
Sign Information	Sign Dimensions: (ht) X   Sign Material: (width) =   Method of Attachment: (Width)   Illumination: Yes   No (If illuminated, all electrical details must be shown on drawings)		

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Licensed Contractor	Contractor Name:			
Information <u>OR</u> Owner Affidavit (provide Form AFF-1100)	Business Name:			
	State License #: Exp. Date:			
	Estimated Construction Cost \$			
	Two copies of detailed plans and specifications for the propsed sign must			
	accompany this application.			
	These plans must detail the following:			
Sign Plan Requirements	<ul> <li>The dimensions of the sign and supporting members.</li> <li>If a roof sign, the height from the roof level to lowest part of the sign and height from roof structure to the top of the sign.</li> <li>If ground sign, the height from ground level to the top of the sign.</li> <li>If wall sign, the dimensions of the wall surface of the building to which it will be attached and the location where the sign will be attached.</li> <li>If free standing sign, total height, width and depth as well as foundation specifications.</li> <li>The materials, finish and construction including loads (wind and seismic) stresses, anchorage and illumination.</li> <li>Other pertinent engineering or construction data.</li> </ul>			
I herby certify that I am the	e owner of the record of the herein described property, or that the proposed work has been			
-	the record and that I have been authorized to make this application as a designated agent. I plicable state and local regulations, rules and policies and such shall be deemed a condition			
entering into the exercise o	f 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: Date:				
OFFICE USE:	Notes:			
Date Received:				
Received By:				
Tax Ticket Review: 🗆 Paid 🗆	Unpaid			
Permit #:				
Plan Review:				
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