

BUILDING PERMIT APPLICATION

Smith County Planning Department
303 High Street North, Carthage, TN 37030
Ph: 735-3418 Fax: 735-1534

DATE:

PROPERTY OWNER: NAME OF OCCUPANT(S)

CURRENT ADDRESS: (Mailing address)

PHONE #'S: HOME: WORK: CELL:

EMAIL:

The State of TN has adopted the International Building Codes. Therefore, a licensed contractor is required by 62-6-103 TCA. It is the responsibility of the property owner to ensure that the contractor is properly licensed.

NAME OF CONTRACTOR: LOT/TRACT SIZE _____ ACRES - ROAD FRONTAGE _____ FT.

DETAILED DESCRIPTION OF THE PROPOSED LOCATION (include adjacent property owner name and address, if known)

ARE THERE ANY EXISTING STRUCTURES ON THE PARCEL/LOT/TRACT/ACERAGE/FARM:

THE PERMIT IS FOR: (Circle one) RESIDENTIAL(\$1505) COMMERCIAL(\$1605) INDUSTRIAL(\$2005)

ESTIMATED COST OF CONSTRUCTION:

IF RESIDENTIAL: (Circle one) NEW CONSTRUCTION MANUFACTURED HOME MOBILE HOME OTHER _____

DIMENSIONS: SQUARE FOOTAGE: DESCRIPTION OF THE STRUCTURE: (Outside color scheme)

YEAR BUILT: FOUNDATION OR SKIRTING (Circle one) source of: HEATING: COOLING:

UTILITY DISTRICT WATER: WELL: SEWER: SEPTIC: (attach permit)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE: _____

APPLICANT'S SIGNATURE

COMPLETED BY PLANNING DEPT.:

TAX MAP _____ GROUP _____ PARCEL _____ ZONE _____ FLOODPLAIN MAP _____

PAYMENT _____ Septic Permit _____ 911 Address _____ Zoning Compliance Inspection _____