

BUILDING / DEVELOPMENT PERMIT

APPLICATION FORM

Hamilton County Building & Zoning Department

1000 Development Resource Center, 1250 Market Street, Chattanooga, TN 37402

(423) 299-7860 / Fax (423) 209-7861 / inspect@mail.hamiltontn.gov / website address: http://www.hamiltontn.gov/Inspect/

IMPORTANT - Complete ALL items. Mark boxes where applicable.

1. LEGAL	Subdivision Name	Lot No.	Tax Map No.	Plat Book & Page No.	Zone
Description					

2. PROJECT ADDRESS _____

3. TYPE OF PROPERTY IMPROVEMENT (Please specify which type of improvement with an "X")

NEW RESIDENTIAL HOUSEKEEPING	NEW NON-RESIDENTIAL	NON-RESIDENTIAL ADDITION/ALTERATION
Code <input type="checkbox"/> 100 Manufactured Homes (not HUD Modified) <input type="checkbox"/> 101 S/F Family Residence (detached) <input type="checkbox"/> 102 S/F Family Residence (attached) <input type="checkbox"/> 103 Two-family Building <input type="checkbox"/> 104 Three- or Four-family Building <input type="checkbox"/> 105 Five or More Family Building	<input type="checkbox"/> 300 Amusement, Social & Recreational <input type="checkbox"/> 319 Churches & Other Religious <input type="checkbox"/> 320 Industrial <input type="checkbox"/> 321 Parking Garages (Bldgs & Open Decked) <input type="checkbox"/> 322 Service Stations & Repair Garages <input type="checkbox"/> 323 Hospitals & Institutional <input type="checkbox"/> 324 Offices, Banks & Professional <input type="checkbox"/> 325 Public Works & Utilities <input type="checkbox"/> 326 Schools & Other Educational <input type="checkbox"/> 327 Stores & Customer Service <input type="checkbox"/> 328 Other Non-residential Buildings (Ex. - sheds, bus, storage bldgs) <input type="checkbox"/> 329 Structures other than buildings (Ex. - outdoor pools, parking stadiums)	Code <input type="checkbox"/> 437 Additions, Alterations & Conversion -Non-Res. <input type="checkbox"/> 098 Erection of Fences & Signs <input type="checkbox"/> 099 Moved or Relocated Buildings <input type="checkbox"/> 001 Miscellaneous - (Ex. fill dirt/grading) <input type="checkbox"/> 001T Cellular Tower _____ / Co-locate _____
NEW RESIDENTIAL NON-HOUSEKEEPING <input type="checkbox"/> 213 Hotels, Motels and Tourist Cabins <input type="checkbox"/> 214 Other Non-housekeeping shelter		DEMOLITIONS & RAZING <input type="checkbox"/> 645 Single-family Building <input type="checkbox"/> 646 Two-family Building <input type="checkbox"/> 647 Three- and Four-family Building <input type="checkbox"/> 648 Five-or-more Family Building <input type="checkbox"/> 649 All Other Buildings and Structures
RESIDENTIAL ADDITIONS/ALTERATIONS <input type="checkbox"/> 434 Additions, Alterations & Conversion - Residential <input type="checkbox"/> 434T Additions, Alterations & Conversion - Mfg. Homes <input type="checkbox"/> 438 Additions or Residential Garages (Attach/Detach)		

No. of Stories _____

Type of Heat: (mark one)

Sq. Footage _____

Electric _____ LP _____ Nat. Gas _____

DESCRIBE PROPOSED WORK:

Foundation: crawl space _____ basement _____

No. of Bedrooms _____

VALUE OF CONSTRUCTION:

	Name	License No.	Mailing Address - Number, Street, City, State	Zip Code	Phone #
Owner					
Contractor					

Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning. This permit becomes null and void if work or construction is not commenced within 12 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and resolutions governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction.

Owner or agent: _____ Date: _____

NOTICE - This document becomes the building permit when signed for or by the Director of Building & Zoning

PLANS APPROVAL - Req'd / Rec'd / Not Req'd

SEWER / SEPTIC APPROVAL - Req'd / Rec'd / Not Req'd

Permit Fee \$ _____
Admin. Charge **\$5.00**
Total Fee \$ _____
Check M.O. CASH

OFFICE STAFF INITIALS: _____

DATE: _____

PERMIT NO. B- _____