

BUILDING - DEVELOPMENT

APPLICATION for PERMIT

Hamilton County Building Inspection

Development Resource Center / 1250 Market St, Suite 1020 / Chattanooga, TN 37402

(423) 209-7860 / Fax (423) 209-7861 / inspect@hamiltontn.gov / website: <http://www.hamiltontn.gov/inspect/>

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

PROJECT ADDRESS: _____

TYPE OF PROPERTY IMPROVEMENT:

NEW RESIDENTIAL HOUSKEEPING																										
<table border="0"> <tr> <td><input type="checkbox"/> Census Bureau Code</td> <td>100 Manufactured Homes (not HUD Modular)</td> </tr> <tr> <td><input type="checkbox"/> 101</td> <td>Single Family Residence (detached)</td> </tr> <tr> <td><input type="checkbox"/> 102</td> <td>Single Family Residence (attached)</td> </tr> <tr> <td><input type="checkbox"/> 103</td> <td>Two-Family Building</td> </tr> <tr> <td><input type="checkbox"/> 104</td> <td>Three or Four-Family Building</td> </tr> <tr> <td><input type="checkbox"/> 105</td> <td>Five or More Family Building</td> </tr> </table>			<input type="checkbox"/> Census Bureau Code	100 Manufactured Homes (not HUD Modular)	<input type="checkbox"/> 101	Single Family Residence (detached)	<input type="checkbox"/> 102	Single 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												
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Sq. Footage: finished _____ unfinished _____

Foundation: crawl space _____ basement _____ slab _____

Extras: unfinished basement _____ unfinished bonus room _____

No. of Stories: _____

No. Bedrooms: _____ / No. Bathrooms: full _____ 1/2 _____

Type of Heat: Electric _____ LP _____ Nat. Gas _____

Fireplace: Wood Burning _____ Electric _____ Gas _____ None _____

VALUE OF CONSTRUCTION: \$ _____

Describe Proposed Work: _____

	Name	License No.	Mailing Address - Number, Street, City, and State	Zip Code	Phone #
Property 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 180 days of granting of permit, or if renovation/construction work is suspended or abandoned or inspections are not requested for a period of 180 days at any time after renovation/ construction 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. **Permit approval & issuance & all inspections will be contingent upon Ground Water Protection or WWTA, Land Disturbance and Water Quality approval.**

This document shall stand as the **BUILDING PERMIT** contingent that all requirements have been met.

Owner or Agent: _____ Date: _____

PLANS APPROVAL: Required / Received / Not Required

LAND DISTURBANCE REQ'D: Yes _____ No _____

SEWAGE DISPOSAL: Septic _____ Sewer _____ Req'd / Received / Not Req'd

****NOTE: PERMIT FEES ARE NON-REFUNDABLE****

Revised 01/01/2019

Permit Fee \$ _____	Office Staff Initial: _____
Admin. Charge: \$ 5.00	Date: _____
Permit Issuance Fee \$ 35.00	
Total Fee \$ _____	Permit No. B- _____
CK. M.O. CASH	CREDIT CARD