



CITY OF SHELBYVILLE

Department of Building & Codes
 201 North Spring Street, Shelbyville, TN 37160
 Phone: (931) 684-9001 Fax: (931) 680-7492

- RESIDENTIAL
- COMMERCIAL
- PLUMBING
- MECHANICAL
- OTHER _____

PERMIT APPLICATION

This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is started. The applicant agrees to the following: 1) Keep a copy of the approved construction drawings on site during construction. 2) Contact the Building & Codes Department at least 24 hours in advance of required inspection. 3) Have a Certificate of Occupancy issued (if applicable) prior to the usage or occupancy of the structure or building constructed.

1	JOB ADDRESS:	MAP & PARCEL ID:
2	Zoning: _____ Approval: _____	SUBDIVISION: _____ LOT# _____ IS PROPERTY IN A SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, Flood Map ID: _____
3	OWNER	MAILING ADDRESS _____ PHONE _____
4	APPLICANT	MAILING ADDRESS _____ PHONE _____
5	GENERAL CONTRACTOR	MAILING ADDRESS _____ PHONE _____ LICENSE _____
6	PLUMBING CONTRACTOR	MAILING ADDRESS _____ PHONE _____ LICENSE _____
7	MECHANICAL CONTRACTOR	MAILING ADDRESS _____ PHONE _____ LICENSE _____
8	TYPE OF CONSTRUCTION: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR ONLY <input type="checkbox"/> PLACEMENT	FOUNDATION TYPE: <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE
9	PROPOSED USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> HOUSE RELOCATE <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> OTHER _____	
10	Heated Square Feet: _____ Unheated Square Feet: _____ Porches _____ Garage _____ Deck _____ Patio _____ OTHER _____	OCCUPANCY CLASSIFICATION: _____ CONSTRUCTION TYPE: _____ SETBACKS: _____ Front _____ Side _____ Rear
11	# of bedrooms: _____ # of bathrooms: _____ # of STORIES: _____ TOTAL SQ. FT.: _____	<h3>NOTES / DRAWINGS</h3>
12	COST OF PROJECT: **BASED ON ICC BUILDING VALUATION** \$ _____	
13	BUILDING PERMIT \$ _____	
14	PLUMBING PERMIT \$ _____	
15	MECHANICAL PERMIT \$ _____	
16	SPWS: <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> BACKFLOW DEVICE \$ _____	
17	OTHER FEES \$ _____	
18	\$ _____	
19	\$ _____	
20	\$ _____	
21	TOTAL FEES DUE \$ _____	APPROVAL _____ BUILDING OFFICIAL _____ DATE
21	I hereby certify that information given herein is correct and true. Permit above will comply with all Adopted Codes of the City of Shelbyville. I have reviewed and confirmed that any and all subcontractors are properly licensed and insured in accordance with adopted rules, regulations, and any other mandated requirements. _____ (Initial as read)	_____ SIGNATURE OF CONTRACTOR / APPLICANT
	_____	_____ DATE