



# Building Permit RESIDENTIAL APPLICATION

**ALL INSPECTIONS MUST BE SCHEDULED BY 3:00 P.M. THE DAY PRIOR  
CALL (423) 753-1753**

*The Tennessee Public Records Act (TPRA) grants Tennessee citizens the right to access open public records that exist at the time of the request. The TPRA does not require records custodians to complete information or create or recreate records that do not exist.*

**Property Owner Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Not the property owner? (Please check appropriate box)**  Tenant  Contractor  Other \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Address of Property** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Subdivision** \_\_\_\_\_ **Lot #** \_\_\_\_\_ **Intended Use** \_\_\_\_\_

**Property Owner Email** \_\_\_\_\_ **Receive Inspection Results Via Email!**

**Is the Property Owner acting as the General Contractor? (Please check appropriate box)**  Yes  No

**Contractor Name** \_\_\_\_\_ **License #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contractor Email** \_\_\_\_\_ **Receive Inspection Results Via Email!**

**Please check the appropriate boxes:**

**Work Description**  New  Addition  Renovations  Decks/Porches  Attached  Detached

**Construction Type**  Conventional  Alternative  Post frame

**Occupancy**  Single Family  Multi-Family **Stories**  1-Story  2-Story

**Foundation**  Basement  Crawl Space  Slab  Pier **Vacant?**  Yes  No

**Bedrooms: #** \_\_\_\_\_ **Bathrooms: #** \_\_\_\_\_ **Half Baths:** \_\_\_\_\_ **Estimated Cost Materials & Labor: \$** \_\_\_\_\_ **.00**

**Finished Square Feet:** \_\_\_\_\_ Garage \_\_\_\_\_ are eet

### WARNING TO PROPERTY OWNER

**Failure to Identify Property & Meet Setback:** Failure to meet setback requirements may result in removal or relocation of construction. You are also subject to stop work order and fines for noncompliance.

*I certify that the attached diagram, plot plan, or aerial of the property identifies improvements, setback distances, and public road access:*  has been reviewed & documented  has NOT been reviewed & documented

**Failure to Obtain Necessary Permits:** Failure to receive a building permit prior to commencement of construction may result in your paying double for your permit. You are also subject to fines not to exceed \$500.00 per day for your failure to obtain a building permit.

*I certify that construction:*  has NOT commenced  has commenced

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SEE REVERSE SIDE**

**ELECTRICAL, SEPTIC & DRIVEWAY PERMITS**

Electrical Applications for Services & Permits: Bright Ridge (423) 952-5000

Septic Verification, Permits & Layouts: Tennessee Department of Environment & Conservation (423) 854-5400

Driveway Permits: Washington County Highway Department (423) 753-1714

(Please check the appropriate boxes)

Are you constructing a new driveway or entrance?  Yes  No

Washington County Highway Department Driveway Permit No. \_\_\_\_\_

Sewer/Septic:  Jonesborough Municipal  Johnson City Municipal  Septic Layout

Water:  Municipal  Private On-Site Well

Flood Plain:  Yes  No FIRM Map #: \_\_\_\_\_ Zone: \_\_\_\_\_ Map Date: \_\_\_\_\_

**REAL ESTATE ASSESSMENT DATA (ASSESSOR'S OFFICE)**

Civil District \_\_\_\_\_ Map \_\_\_\_\_ Group \_\_\_\_\_ Parcel Number \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Setback Minimums: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

*THIS PERMIT SHALL BECOME INVALID UNLESS WORK IS STARTED WITHIN **180DAYS**. IF WORK IS SUSPENDED OR IF NO INSPECTION IS REQUESTED FOR A PERIOD OF **180 DAYS** THIS PERMIT WILL EXPIRE.*

Date Approved: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Date Expired: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Approved By:**

W.C. Regional Planning Commission?  Yes  No

Re-zoning  Yes  No Date: \_\_\_\_\_

Site Plan  Yes  No Date: \_\_\_\_\_

W.C. Board of Zoning Appeals?  Yes  No Date: \_\_\_\_\_

**Special Stipulations & Conditions of Permit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENTIAL BUILDING PERMIT FEES**

**BUILDING VALUATION WORKSHEET**

Permit Base Cost	\$ _____	Finished Sq. Ft.	_____ X _____	= \$ _____	.00
Archive Fee	\$ <b>5.00</b>	Garage Sq. Ft.	_____ X _____	= \$ _____	.00
Total Permit Cost	\$ _____	Revised Cost Labor & Materials:		\$ _____	.00

I certify that I have read and examined this application and know that same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any local, state or federal laws regulations construction of the performance of construction. I certify that all work will be done in compliance with all applicable codes, statues and ordinances, and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on the state or county. I expressly grant the zoning administrator, or the zoning administrator's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. Also, I have received and read a Zoning Compliance Permit instructions sheet. Permit fees are Non-Transferable and Non-Refundable.

APPLICANT PRINTED NAME: \_\_\_\_\_

**REMEMBER TO SIGN BOTH PAGES**