

CITY OF ATHENS, TENNESSEE
COMMUNITY DEVELOPMENT
BUILDING PERMIT APPLICATION

IMPORTANT PLEASE COMPLETE ALL QUESTIONS:

Location Information:

Project Address: _____ Zoning District of Property: _____
FEMA Flood Zone Type: _____ Tax map Parcel ID #: _____

Lot Size: _____ Lot Shape: _____ Lot #: _____

Owner Information:

Owner Name: _____ Contact Number: _____
Current Address: _____

Contractor Information:

Contractor or Company Name: _____
Contractor or Company Address: _____
Contact person: _____ Contact Number: _____
License Type: _____ License Number: _____ Expiration Date: _____

Please attach a copy of your current License and certificate of insurance showing workers comp. and liability.

Construction Information:

Type of improvement: New: [] Addition: [] Remodel: [] Moving: [] Demolition: []

Type Building: Single Fam.: [] Multi Fam.: [] Commercial: [] Industrial: [] Manufactured: []

Square Footage of Structure: _____ Number of Stories: _____ Total Height: _____
Building Setback from property lines: Front: _____ Side: _____ Rear: _____
Describe the construction project: _____

CONSTRUCTION COST:

Cost of Construction Cost: \$ _____
Cost of Electrical Cost: \$ _____
Cost of Plumbing Cost: \$ _____

Cost of HAVC Cost: \$ _____
Cost of site work: \$ _____
Cost of Landscape: \$ _____
TOTAL COST OF PROJECT: \$ _____

APPROVALS:

Plans Submitted: Yes [] No [] Approved: Yes [] No []
Site Plans Submitted: Yes [] No [] Approved: Yes [] No []
Landscape Plans Submitted: Yes [] No [] Approved: Yes [] No []
Driveway Plan Submitted: Yes [] No [] Approved: Yes [] No []
Planning Commission: Yes [] No [] Approved: Yes [] No [] N/A []
Board of Zoning Appeals: Yes [] No [] Approved: Yes [] No [] N/A []

OFF STREET PARKING:

Off street parking provided: Yes [] No [] Number of Spaces: _____ Size of spaces: _____

Number of ADA Compliant Spaces: _____ Width of Drive Lanes: _____

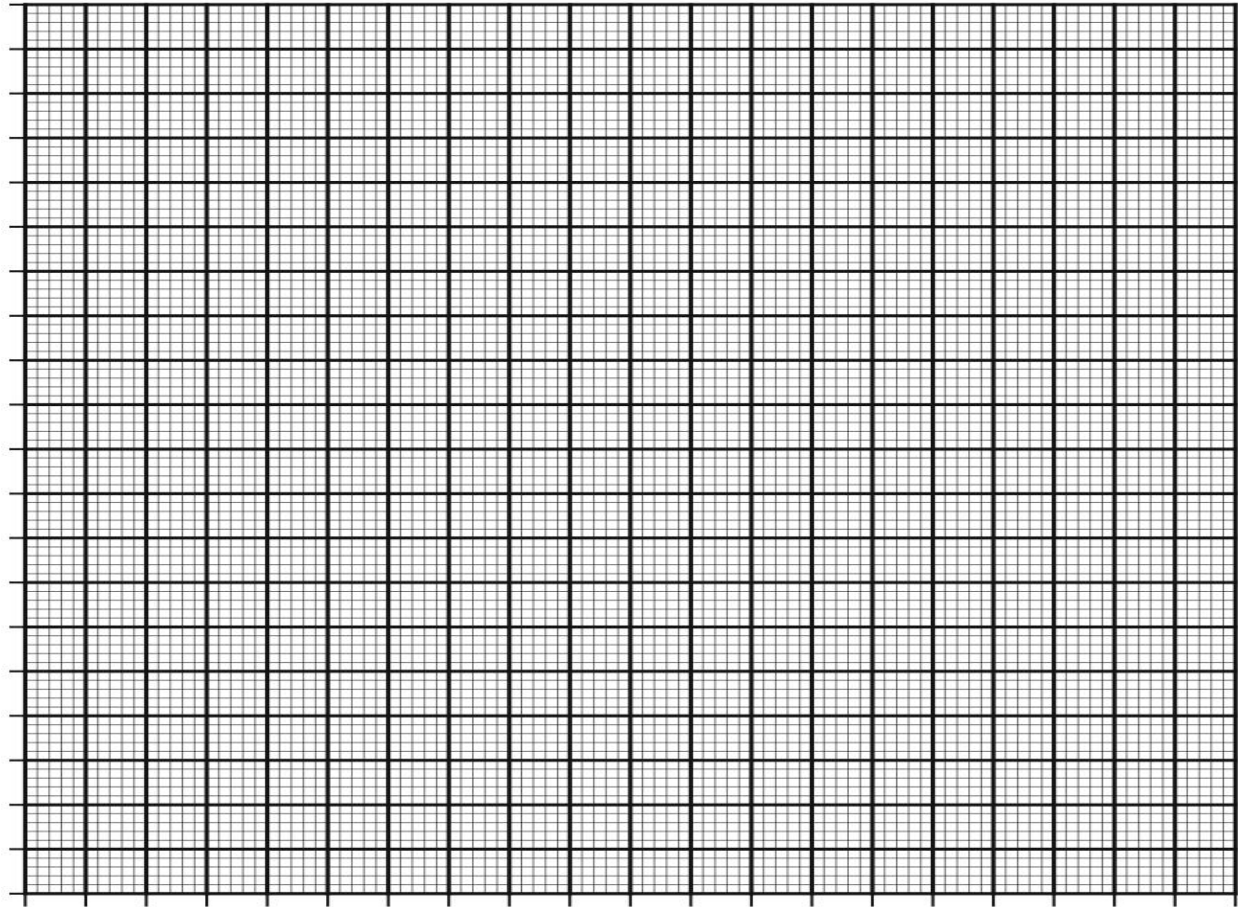
Signature of Owner or Contractor: _____

OFFICE USE:

APPROVED BY: _____ **DATE:** _____

**SITE PLANS
FOR RESIDENTIAL USE**

SKETCH THE PROPERTY AND ANY STREETS AND SHOW THE LOCATION OF ALL STRUCTURES TO BE LOCATED ON THE PROPERTY - SHOW ALL SETBACK AND LOT MEASUREMENTS.



I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE CORRECT.

Owner or Representative Name (please print)

Signature

Date

Failure to complete all the questions on this application could result in delaying the permit process or rejection of the application.

Flood zone information can be obtained from the City of Athens Community Development Department.

PLANS REVIEW

IMPORTANT PLEASE COMPLETE QUESTIONS:

Description of Project: _____
Type of Project (check one) New Construction: Renovation: Addition:

Project Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Project Owner: _____
Contact Person: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Project Architect / Engineer: _____

A/E Firm: _____
Contact Person: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

SPRINKLER CONTRACTOR: _____

Contact Person: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Construction Start (approximate date): _____ Completion Date: (estimated date): _____

Occupancy Type (as defined by the IBC): _____

Construction Type (as defined by the IBC)

CHECK ONE: IA IB IIA IIB IIIA IIIB IV VA VB

One Hour Protected: Yes No Sprinkled: Yes No

Height: _____ Number of Stories: _____

Building Area (as defined by the IBC)

New Construction:	_____	Largest Floor Sq. Ft.
Existing Construction:	_____	Largest Floor Sq. Ft
Total (All Floors):	_____	Sq. Ft.
Total (all floors):	_____	Sq Ft.
Existing Building Construction Type:	_____	

I hereby certify that, to the best of my knowledge and belief the total construction cost for this project will be:

Estimated Construction Cost: _____ *Review Fees Due:* _____

Owner or Representative Name (please print)

Signature

Date

Fees can be found under BUILDING VALUATION TABLE & REVIEW FEES, on the City of Athens web site.

*****POST THIS CARD NEAR FRONT OF BUILDING*****

**CITY OF ATHENS
Community Development
Inspection Record**

JOB ADDRESS: _____
NATURE OF WORK: _____
USE OF BUILDING: _____
BLDG PERMIT #: _____
OWNER: _____
CONTRACTOR: _____

Inspector must sign all spaces pertaining to this job before next phase of construction can continue. Structure cannot be occupied until the following inspections have been signed off by the Inspector. This card must remain on the job until completed. If card is not on the job when inspection is needed, a STOP WORK ORDER will be issued.

Foundation and Footers	Passed/Rejected	Date	Inspector
Setbacks:			
Footers:			
Re Bar			
Foundation Walls:			

Pour no concrete until the above has been signed.

Concrete Slab:	Passed/Rejected	Date	Inspector
Electrical Underground:			
Plumbing Underground:			
Site Prep:			

Do not pour floor until the above has been signed.

Rough In:	Passed/Rejected	Date	Inspector
Electrical:			
Plumbing:			
Mechanical:			
Framing:			

Laterals:	Passed/Rejected	Date	Inspector
Sewer:			
Water:			

Final:	Passed/Rejected	Date	Inspector
Framing:			
Electrical:			
Plumbing:			
Mechanical:			
Complete Job:			

For a copy of this completed form, contact the Building Department after final inspection.