



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"/> CRAWLSPACE
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: _____
11	# of bedrooms: _____ # of bathrooms: _____ # of STORIES: _____ TOTAL SQ. FT.: _____	CONSTRUCTION TYPE: _____
12	COST OF PROJECT: _____ **BASED ON ICC BUILDING VALUATION** \$ _____	SETBACKS: _____ Front _____ Side _____ Rear
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		\$ _____
TOTAL FEES DUE		\$ _____
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)	APPROVAL _____ BUILDING OFFICIAL _____ DATE
SIGNATURE OF CONTRACTOR / APPLICANT _____		
DATE _____		