

City of Spring Hill
 199 Town Center Parkway
 P.O. Box 789
 Spring Hill, TN 37174
 Phone: 931.486.2252 ext 211
 Fax: 931.486.3596



APPLICATION FOR BUILDING PERMIT

PROPERTY LOCATION:	ADDRESS:			
	SUBDIVISION:		LOT#	HOUSE PLAN
	IF COMMERCIAL, BUSINESS NAME:			
	TOTAL LAND SQUARE FOOT:			
PERMIT TYPE AND PROPOSED USE:	<u>RESIDENTIAL</u>	<u>NUMBER OF</u>		
	___ SINGLE FAMILY	___ GARAGE	___ PORCH	
	___ TWO FAMILY/DUPLEX	___ CARPORT	___ DECK	
	___ THREE FAMILY/TRIPLEX	___ OTHER	___ PATIO	
	___ NUMBER OF BATHROOMS PER HOME	FLOOD PLAIN		
	___ NUMBER OF BEDROOMS PER HOME	YES NO (PLS CIRCLE)		
	<u>COMMERCIAL</u> (DESIGNED OCCUPANCY CLASSIFICATION PER IBC)			
	___ ASSEMBLY (A1-A5)	___ HIGH HAZARD (H1-H5)	___ STORAGE (S1, S2)	
	___ BUSINESS (B)	___ INSTITUTIONAL (I1-I14)	___ UTILITY AND MISC (U)	
	___ EDUCATION (E)	___ MERCANTILE (M)	FLOOD PLAIN	
	___ FACTORY/INDUSTRY (F1, F2)	___ RESIDENTIAL (R1-R4)	YES NO (PLS CIRCLE)	
USE DESCRIPTION (EXAMPLE: RESIDENCE, DAY CARE, DOCTOR'S OFFICE, RESTAURANT, CHURCH, ETC.)				
___ PRIVATE OWNERSHIP ___ PUBLIC OWNERSHIP				
PARKING: NUMBER OF PARKING SPACES: ___ ENCLOSED ___ OUTDOOR				
DESCRIPTION OF WORK TO BE PERFORMED:			BUILDING INFORMATION:	
___ NEW CONSTRUCTION			TOTAL SQUARE FT = _____	
___ ADDITION			NUMBER OF STORIES = _____	
___ ALTERATION/REMODEL			CONSTRUCTION COST = _____	
___ TENANT INFILL/BUILD-OUT				
___ REPAIR/REPLACEMENT				
___ MOVE/RELOCATION				
___ FOUNDATION ONLY				
___ WRECKING/DEMOLITION				
BUILDING CHARACTERISTICS:				
TYPE OF FRAME: ___ WOOD ___ MASONRY ___ STRUCTURAL STEEL ___ REINFORCED CONCRETE ___ OTHER _____				
TYPE OF HEATING FUEL: ___ GAS ___ ELECTRICITY ___ OTHER _____				
TYPE OF MECHANICAL: ___ CENTRAL AIR CONDITIONING ___ WINDOW UNIT ___ OTHER _____				
TYPE OF WATER SUPPLY: ___ PUBLIC OR PRIVATE CO. ___ PRIVATE (WELL) ___ OTHER _____				
TYPE OF SEWAGE: ___ PUBLIC OR PRIVATE CO ___ PRIVATE (SEPTIC TANK) ___ OTHER _____				
SPECIAL BUILDING/SITE FEATURES:				
GREASE TRAP SIZE: _____ GALS				
DRIVEWAY CONCRETE CULVERT SIZE: _____ INCHES				
___ MEDICAL GAS ___ ELEVATOR ___ FIRE SUPPRESSION SYSTEM				
PROPERTY OWNER:	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	PHONE:		EMAIL:	
CONTRACTOR: LA LIC #:	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	PHONE:		EMAIL:	

Commercial & Town homes MUST Contact Fire Marshal 615-302-3462

 Applicant Signature / Date

 City Staff Signature / Date