

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 DECK PERMIT**

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PROPERTY OWNER: (LOCATION OF DECK)	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	CONTACT #:		EST COST:	

CONTRACTOR:	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	CONTACT #:			

PERMIT TYPE: <input type="checkbox"/> New deck <input type="checkbox"/> Deck alteration or repair <input type="checkbox"/> Addition to existing deck	WORK DESCRIPTION:  
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PROJECT DETAIL INFORMATION: <input type="checkbox"/> Feet above ground <input type="checkbox"/> Number of levels <input type="checkbox"/> Construction Cost <input type="checkbox"/> Total square footage	ELECTRICAL: Is homeowner installing electrical work? <input type="checkbox"/> Yes <input type="checkbox"/> No  (If yes, a permit is required from your electric provider.)
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**PERMIT APPROVAL IS SUBJECT TO THE FOLLOWING ITEMS:**

1. All decks require a plot plan.
2. The City of Spring Hill requires that home improvement contractors must obtain all required building permits.  
 If homeowner applies for the permit, the the homeowner assumes all responsibility for the work being in compliance with all codes.
- 3.. All information requested in this application must be answered completely.

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the owner of lessee of the property, or Agent of either, or licensed engineer or architect employed in connection with the proposed work and that the proposed work is authorized by the owner in fee and I am authorized to make such application. I understand that the contractor must sign this application if the work is being performed by a contractor.

DECK INFORMATION ATTACHED, REMOVE AND TAKE WITH YOU

\_\_\_\_\_  
 Applicant Signature / Date

\_\_\_\_\_  
 City Staff Signature / Date