

City of Spring Hill
 199 Town Center Parkway
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 Spring Hill, TN 37174
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For additional information, send inquiries to:
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APPLICATION FOR BUILDING PERMIT

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

Applicant Signature / Date

City Staff Signature / Date