

City of Spring Hill  
8060 Station Hill Dr  
Spring Hill, TN 37174



Spring Hill, TN 37174  
Phone 931-486-2252 Ext. 212  
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Email: [permits@springhilltn.org](mailto:permits@springhilltn.org)

### Application for Commercial Building Permit

<b>Property Location</b>	Address: _____  County: _____ City/Zip: _____  Business Name: _____	
<b>Permit Type &amp; Proposed Use</b>	<u>Designed Occupancy Classification per International Building Code(IBC)</u> <input type="checkbox"/> Assembly (A1-A5) <input type="checkbox"/> Institutional (I1-I4) <input type="checkbox"/> Business (B) <input type="checkbox"/> Mercantile (M) <input type="checkbox"/> Education (E) <input type="checkbox"/> Storage (S1, S2) <input type="checkbox"/> Factory/Industry <input type="checkbox"/> Utility & Misc. (U) <input type="checkbox"/> High Hazard(H1-H5) <u>Flood Plain: (Circle) YES NO</u>	<u>Building Information</u> <u>Size of line</u> Total sq. ft: _____ Domestic line _____ # of Stories: _____ Irrigation line _____ # of Bathrooms _____ Sewer Tap _____ # of Seats _____ Fire line _____ # of Extra Water Fixtures _____ (Booth per 24") _____ <u>Construction Cost:</u> _____
<u>Description of Work To Be Performed:</u> <input type="checkbox"/> Move/Relocation / Change of Occupancy <input type="checkbox"/> New Construction <input type="checkbox"/> Wrecking/Demolition        From _____ to _____ Occupancy <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Tenant Infill/Build Out <input type="checkbox"/> Repair/Replacement <u>Building Characteristics:</u> <u>Addition:</u> _____ 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"/> Geothermal <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: _____		
<u>Special Building/Site Feature:</u> Grease Trap size: _____ gallons    Driveway concrete culvert size: _____ inches <input type="checkbox"/> Medical Gas <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Suppression System    # of Parking Spaces _____		
<b>Property Owner</b>	Name: _____  Address: _____  City/State: _____ Zip Code: _____  Phone: _____ Email: _____	
<b>Contractor (License &amp; Insurance Required for Jobs \$25,000 and above)</b>	TN License# _____ Insurance # _____  Name: _____  Address: _____  City/State: _____ Zip Code: _____  Phone: _____ Email: _____	

Required: Approved Site Plan, Building, Mechanical, Plumbing & Electrical Plans Electronic file on disc, or thumb drive, Contractor Licenses & Insurance. Email [permits@springhilltn.org](mailto:permits@springhilltn.org) before Submitting any Plans for Review.

If Business License Required, contact Jennifer Mitchell, [jmitchell@springhilltn.org](mailto:jmitchell@springhilltn.org)

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

\_\_\_\_\_  
Planning Signature/Date

\_\_\_\_\_  
Building Signature/Date