

City of Spring Hill  
 8060 Station Hill Dr.  
 Spring Hill, TN. 37174  
 Email Application to:  
[permits@springhilltn.org](mailto:permits@springhilltn.org)



Phone 931-486-2252 Ext. 212

### Application for Residential Building Permit

<b>Property Location</b>	Address: _____																
	Subdivision: _____ Lot# _____																
	County: _____ House Plan: (Name or#) _____																
<b>Permit Type</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Single Family</td> <td colspan="2" style="text-align: center;"><b>Number of:</b></td> </tr> <tr> <td><input type="checkbox"/> Duplex</td> <td><input type="checkbox"/> Garage</td> <td><input type="checkbox"/> Porch</td> </tr> <tr> <td><input type="checkbox"/> Condo</td> <td><input type="checkbox"/> Carport</td> <td><input type="checkbox"/> Deck</td> </tr> <tr> <td><input type="checkbox"/> Town Home</td> <td><input type="checkbox"/> Patio</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Apartment</td> <td><input type="checkbox"/> Bedrooms per House</td> <td><input type="checkbox"/> # of Bathrooms</td> </tr> </table>		<input type="checkbox"/> Single Family	<b>Number of:</b>		<input type="checkbox"/> Duplex	<input type="checkbox"/> Garage	<input type="checkbox"/> Porch	<input type="checkbox"/> Condo	<input type="checkbox"/> Carport	<input type="checkbox"/> Deck	<input type="checkbox"/> Town Home	<input type="checkbox"/> Patio	<input type="checkbox"/> Other	<input type="checkbox"/> Apartment	<input type="checkbox"/> Bedrooms per House	<input type="checkbox"/> # of Bathrooms
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	<b>Flood Plain:</b> (Circle one) YES NO *If yes, Certificate of Finished Floor Elevation required before C.O.																
<b>Description of Work To Be Performed:</b>		<b>Building Information to include:</b>															
<input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Move/Relocation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Addition Sq Ft: _____		All Heated Living Space sq ft _____ Basement sq ft _____ Garage Sq ft: _____ All Porch's Sq ft: _____ All storage by door or stairs _____  <b>Total Sq. ft.</b> _____ <b>Total Cost of Construction</b> _____															
<b>Property Owner</b>	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____																
<b>Contractor</b> (License & Insurance Required for Jobs \$25,000 and above)	TN License# _____ Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____																

\*Required items for permits: Maury/Williamson Co Adequate Facilities tax paid, plot plan, plans in PDF file.

Applicant Signature/Date

Planning Signature/Date

Building Signature/Date