

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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Application for Commercial Building Permit

Property Location	Address: _____		
	County: _____ City/Zip _____		
	Business Name: _____		
Permit Type & Proposed Use	Designed Occupancy Classification per International Building Code(IBC)		Building Information
	<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)		Size of line Total sq. ft: _____ Domestic line _____ # of Stories: _____ Irrigation line _____ # of Bathrooms _____ Sewer Tap _____ # of Seats _____ Fire line _____ (Booth per 24") Construction Cost: _____
Description of Work To Be Performed:			
<input type="checkbox"/> New Construction <input type="checkbox"/> Wrecking/Demolition <input type="checkbox"/> Move/Relocation <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Tenant Infill/ Build Out <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Addition: _____			
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"/> 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: _____			
Special Building /Site Feature:			
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 _____			
Property Owner	Name: _____		
	Address: _____		
	City/State: _____ Zip Code: _____		
	Phone: _____ Email: _____		
Contractor (License & Insurance Required for Jobs \$25,000 and above)	TN License# _____ Insurance # _____		
	Name: _____		
	Address: _____		
	City/State: _____ Zip Code: _____		
	Phone: _____ Email: _____		

Required: 2 set of Construction Plans, Electronic file on disc, Contractor Licenses & Insurance
Email dhicks@springhilltn.org before Submitting any Plans for Review.
Business License Required, contact Jennifer Mitchell, jmitchell@springhilltn.org

 Applicant Signature

 Date

 City Staff Signature

 Date