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

Email: permits@springhilltn.org
Phone: 931-486-2252 Ext. 211
Fax: 931-486-3596

RETAINTING WALL

Property Owner & Location	Name:_____ Address:_____ City/State:_____ Zip:_____ Subdivision:_____ Lot#_____ County:_____ Contact #:_____
Contactor (leave blank if home owner is building deck)	Name:_____ Address:_____ City/State:_____ Zip:_____ Contact #:_____
Permit Type	____Retaining Wall Work Description:
Project Info.	____ Feet above ground _____Wall Material ____ Liner Feet Note: Retaining Wall Not Allowed in the P.U.D.E.

1. A plot plan with drawing and dimensions of Retaining Wall should be turned in with application. A plot plan may be available in our records. We can print one for you when you pick up your permit.
2. Forms can be emailed to permits@springhilltn.org. You will be contacted when permit is approved. Permit is then picked up and paid for at City Hall.

_____ _____

Applicant Signature Date City Staff Signature Date