



**RETAINING WALL**

<b>Property Owner &amp; Location</b>	Name: _____ Address: _____ City/State: _____ Zip: _____ Subdivision: _____ Lot# _____ County: _____ Contact #: _____
<b>Contactor (leave blank if home owner is building deck)</b>	Name: _____ Address: _____ City/State: _____ Zip: _____ Contact #: _____
<b>Permit Type</b>	<input type="checkbox"/> Retaining Wall Work Description:
<b>Project Info.</b>	<input type="checkbox"/> Feet (total height, including footer) <input type="checkbox"/> Wall Material <input type="checkbox"/> Liner Feet      Note: <b>Retaining Wall Not Allowed in the P.U.D.E.</b>
<b>Construction Cost</b>	

1. A plot plan with drawing and dimensions of Retaining Wall shall be turned in with application.
2. Approval of this permit shows that all City of Spring Hill requirement have been met. **It does not constitute subdivision or HOA approval.**
3. Forms can be emailed to [permits@springhilltn.org](mailto: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