



CITY OF ELIZABETHTON
Building Department
Building Permit Application

OWNER INFORMATION:

Name:

Mailing Address:

City:

State: _____ Zip

Code: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email

Address: _____

GENERAL CONTRACTOR INFORMATION:

Company Name:

Contact:

Address:

City:

State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email

Address: _____

License #: _____ Class: _____

NOTE: The International Residential Code 2012, The International Building Code 2012, The International Plumbing Code 2012, The International Fuel Gas Code 2012, The International Mechanical Code 2012, International Fire Code 2012, The International Property Maintenance Code 2012 and The National Electrical Code 2011, have been adopted and are subject to change. Please verify this information with the Building Department.

BUILDING SITE INFORMATION:

Address: _____

City: _____ State: _____ Zip Code: _____

TYPE OF CONSTRUCTION:

- New Building Addition Alteration Repair/Replace
- Accessory Building Roof

Type of Building (Single Family, Commercial, Pool, etc):

CHECK OF CHARACTERISTICS OF BUILDING – Principal Type:

- Masonry Wood Frame Structural Steel Reinforced Concrete

Other: _____

Number of Rooms: _____

Number of Stories: _____

Requirements: (1) Address must be posted on site, visible from the street; (2) approved plans must be on site for ALL inspectors; (3) footing must be inspected and approved PRIOR to pouring concrete; (4) foundation must be inspected and approved PRIOR to pouring concrete.

BUILDING AREA:

Unfinished Basement Area: _____ sq. feet

Finished Basement Area: _____ sq. feet

Ground Floor: _____ sq. feet

Second Floor: _____ sq. feet

Third Floor: _____ sq. feet

Garage Area: _____ sq. feet

TOTAL: _____ sq. feet

TOTAL COST OF PROJECT:

\$ _____

Owner Signature

General Contractor Signature

_____/_____/_____

Date of Application

-----**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**-----

Occup.
Group: _____

Building Permit #: _____

Map #: _____

Map Group #: _____ Parcel ID #: _____

Zoned: _____

Type of Construction:

IA IB IIA IIB IIIA IIIB IV VA
VB

Permit Fee: \$ _____

Plan Review Fee: \$ _____

Total Fees: \$ _____

Floor Plan: Y N

Construction Drawings Y N

Site Plan Y N

Soil & Erosion Plan Y N

Accessory Use Form: Attached
 N/A

Energy Compliance: Attached
 N/A

Elect: Att. N/A Plumb:
Att. N/A

Mech: Att. N/A

Roofer: Att. N/A

Last Revised: January 20, 2015