



CITY OF ELIZABETHTON

Commercial Building Permit Application

JOB ADDRESS					O W N E R	J O B A D D R E S S	
1	LEGAL DESCR	LOT NO	BLOCK	TRACT (SEE ATTACHED SHEET)			
2	OWNER	MAIL ADDRESS		ZIP			PHONE
3	CONTRACTOR	MAIL ADDRESS		PHONE			LICENSE NO
4	ARCHITECT OR DESIGNER AND/OR ENGINEER	MAIL ADDRESS		PHONE			LICENSE NO
5	DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	MAIL ADDRESS		PHONE			LICENSE NO
6	LENDER	MAIL ADDRESS					BRANCH
7	USE OF BUILDING						
8	CLASS OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE						
9	DESCRIBE WORK						
10	CHANGE OF USE FROM						
	CHANGE OF USE TO						
11	VALUATION OF WORK \$			PLAN CHECK FEE	PERMIT FEE		
SPECIAL CONDITIONS:			TYPE OF CONST	OCCUPANCY CLASSIFICATION			
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY		SIZE OF BLDG (Total) Sq Ft	No of Stories	Max. Occ. Load	
					Use zone	Fire Sprinklers Required - Yes - No	
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 18 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION</p>			NO OF DWELLING UNITS	OFFSTREET PARKING SPACES: COVERED UNCOVERED			
			SPECIAL APPROVALS	REQUIRED	RECEIVED	NOT REQUIRED	
			ZONING				
			HEALTH DEPT				
			FIRE DEPT				
			SOIL REPORT				
			OTHER (Specify)				
Signature of Contractor or Authorized Agent			(Date)				

PLAN CHECK VALIDATION CK MO CASH CC PERMIT VALIDATION CK MO CASH CC

INSPECTOR