



# CITY OF ELIZABETHTON

## Building Department

### Residential 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 #2008: \_\_\_\_\_ Class: \_\_\_\_\_

**SUB-CONTRACTORS INFORMATION:**

**Plumbing Company:** \_\_\_\_\_  
License #2008: \_\_\_\_\_ Class: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Mechanical Company:** \_\_\_\_\_  
License #2008: \_\_\_\_\_ Class: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Electrical Company:** \_\_\_\_\_  
License #2008: \_\_\_\_\_ Class: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Roofing Company:** \_\_\_\_\_  
License #2008: \_\_\_\_\_ Class: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**NOTE:** The International Residential Code 2006, The International Building Code 2006, The International Plumbing Code 2006, The International Fuel Gas Code 2000, The International Mechanical Code 2006, International Fire Code 2003, The International Property Maintenance Code 2006 and The National Electrical Code 2005, have been adopted and are subject to change. Please verify this information with the Building Department.

**BUILDING SITE INFORMATION:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

**TYPE OF CONSTRUCTION:**

New Building       Addition       Alteration       Repair/Replace

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.

**UTILITIES:**

Water District: \_\_\_\_\_      Electric Company: \_\_\_\_\_

Gas Company: \_\_\_\_\_       Propane

Septic Permit Number: \_\_\_\_\_      Sewer Permit Number: \_\_\_\_\_

**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: \_\_\_\_\_      Zoning: \_\_\_\_\_ (A) (D)      Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_      Codes: \_\_\_\_\_ (A) (D)      Date: \_\_\_\_\_

Zoning File #: \_\_\_\_\_      Floor Plan: (Y) (N)

Map #: \_\_\_\_\_      Parcel ID #: \_\_\_\_\_      Septic/Sewer Permit:  Attached       Final Approval       N/A

Zoned: \_\_\_\_\_      Septic Location Check: (Y) (N)      Approved: (Y) (N)      Date: \_\_\_\_\_

Type of Construction: IA IB IIA IIB IIIA IIIB IV VA VB      Entrance Permit:  Attached       Final Approval       N/A

Permit Fee: \$ \_\_\_\_\_      Accessory Use Form:  Attached       N/A

Plan Review Fee: \$ \_\_\_\_\_      Energy Compliance:  Attached       N/A

**Total Fees:** \$ \_\_\_\_\_      Elect:  Att.       N/A      Plumb:  Att.       N/A

Mech:  Att.       N/A      Roofer:  Att.       N/A

Last Revised: December 2008