



City of Spring Hill, TN

Building Codes Department

Building Plan Review Application

Original Submittal _____ Revised Submittal _____ Shop Drawings _____

PROJECT INFORMATION

DATE: _____

Project Name: _____

Address: _____

Description of Work: _____

Total Square Footage: _____ # Stories: _____ Fire Sprinkler: Yes No

Each Floor: 1st _____ 2nd _____ 3rd _____ 4th _____ Mezzanine sf. _____

Const. Type: _____ Occupancy Class: _____ Separated Non-separated

APPLICANT INFORMATION

Project Architect: _____ Phone: _____

Project Designer: _____ Phone: _____

Project Applicant: _____ Phone: _____

Contact Information: _____

Please provide an email and appropriate contact person if you would like plan review comments emailed to you. _____

Required Information when Submitted:

1. Two Hard Copies 24 x 36.
2. Three Hard Copies of Site Plan.
3. Electronic File for Plans Submitted.

Adopted Code: 2012 IBC & 2009 IECC

199 Town Center Parkway
P.O. Box 789
Spring Hill, TN 37174



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