

City of Spring Hill
 199 Town Center Parkway
 P.O. Box 789



Spring Hill, TN 37174
 Phone 931-486-2252 Ext. 211
 Fax: 931-486-3596

Application for Deck Permit

Property Owner & Location	Name: _____ Address: _____ City/State: _____ Zip: _____ Subdivision: _____ Lot# _____ County: _____ Contact #: _____
Contactor (leave blank if home owner is building deck)	Name: _____ Address: _____ City/State: _____ Zip: _____ Contact #: _____
Permit Type	<input type="checkbox"/> New Deck <input type="checkbox"/> Addition to existing deck <input type="checkbox"/> Deck alteration or repair <input type="checkbox"/> Other: _____ Work Description: _____
Project Info.	<input type="checkbox"/> feet above ground <input type="checkbox"/> number of levels
Electrical	Is homeowner installing electrical work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a permit is required from your electric service provider)

 Applicant Signature

 Date

 City Staff Signature

 Date