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

Spring Hill, TN 37174
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Application for Commercial Building Permit

Property Location	Address:_____ County:_____City/Zip_____ Business Name:_____
Permit Type & Proposed Use	**Designed Occupancy Classification per** International Building Code(IBC) __ Assembly (A1-A5) __ Institutional (I1-I14) __ Business (B) __ Mercantile (M) __ Education (E) __ Storage (S1, S2) __ Factory/Industry __ Utility & Misc. (U) __ High Hazard(H1-H5) **Building Information** **Total sq ft**:_____ # of Stories:_____ **Construction Cost**:_____ **Flood Plain:** (Circle one) YES NO **Parking:** # of Spaces_____ enclosed:_____ outdoor:_____ ***If yes, Certificate of Finished Floor Elevation required**

Description of Work To Be Preformed:

____ New Construction ____ Wrecking/Demolition ____ Move/Relocation
____ Repair/Replacement
____ Alteration/Remodel ____ Tenant Infill/ Build Out ____ Addition:_____

Building Characteristics:

Type of Frame: ___Wood ___Masonry ___ Structural Steel ___ Reinforced Concrete ___Other: _____
Type of Heating Fuel: ___Gas ___Electricity ___Other _____
Type of Mechanical: ___ Central Air Conditioning ___Geothermal ___ Other:_____
Type of Water Supply: ___Public or Private Co. ___ Private(well) ___ Other:_____ ___
Type of Sewage: ___ Public or Private Co. ___ Private(septic tank) ___ Other:_____

Special Building /Site Feature: Grease Trap size: _____gallons Driveway concrete culvert size:_____ inches
____ Medical Gas ____Elevator ____Fire Suppression System

Property Owner	Name:_____ Addess:_____ City/State:_____ Zip Code:_____ Phone:_____Email:_____
Contractor (License & Insurance Required for Jobs $25,000 and above)	TN License#_____ Insurance #_____ Name:_____ Address:_____ City/State:_____ Zip Code:_____ Phone:_____Email:_____

Required: 2 set of Construction Plans, Electronic file on disc, Contractor Licenses & Insurance
3 separate sets of the Site plan with Electronic file.

_____ _____

Applicant Signature Date City Staff Signature Date