

City of Spring Hill
 199 Town Center Parkway
 P.O. Box 789
 Spring Hill, TN 37174
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For additional information, send inquiries to:
 Beau Herring (bherring@springhilltn.org)

APPLICATION FOR BUILDING PERMIT

PROPERTY LOCATION:	ADDRESS:			
	SUBDIVISION:		LOT #:	
	IF COMMERCIAL, BUSINESS NAME:			
	TOTAL LAND SQUARE FOOT:			
PERMIT TYPE AND PROPOSED USE:	<u>RESIDENTIAL</u>			
	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> GARAGE	<input type="checkbox"/> PORCH	
	<input type="checkbox"/> TWO FAMILY/DUPLEX	<input type="checkbox"/> CARPORT	<input type="checkbox"/> DECK	
	<input type="checkbox"/> THREE FAMILY/TRIPLEX	<input type="checkbox"/> OTHER	<input type="checkbox"/> PATIO	
	<input type="checkbox"/> NUMBER OF BATHROOMS PER HOME		FLOOD PLAIN YES NO (PLS CIRCLE)	
	<input type="checkbox"/> NUMBER OF BEDROOMS PER HOME			
	<u>COMMERCIAL</u> (DESIGNED OCCUPANCY CLASSIFICATION PER IBC: _____)			
	<input type="checkbox"/> ASSEMBLY (A1-A5)	<input type="checkbox"/> HIGH HAZARD (H1-H5)	<input type="checkbox"/> STORAGE (S1, S2)	
	<input type="checkbox"/> BUSINESS (B)	<input type="checkbox"/> INSTITUTIONAL (I1-I14)	<input type="checkbox"/> UTILITY AND MISC (U)	
	<input type="checkbox"/> EDUCATION (E)	<input type="checkbox"/> MERCANTILE (M)	FLOOD PLAIN YES NO (PLS CIRCLE)	
	<input type="checkbox"/> FACTORY/INDUSTRY (F1, F2)	<input type="checkbox"/> RESIDENTIAL (R1-R4)		
USE DESCRIPTION (EXAMPLE: RESIDENCE, DAY CARE, DOCTOR'S OFFICE, RESTAURANT, CHURCH, ETC.)				
<input type="checkbox"/> PRIVATE OWNERSHIP <input type="checkbox"/> PUBLIC OWNERSHIP				
DESCRIPTION OF WORK TO BE PERFORMED:				
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> REPAIR/REPLACEMENT		
<input type="checkbox"/> ADDITION		<input type="checkbox"/> MOVE/RELOCATION		
<input type="checkbox"/> ALTERATION/REMODEL		<input type="checkbox"/> FOUNDATION ONLY		
<input type="checkbox"/> TENANT INFILL/BUILD-OUT		<input type="checkbox"/> WRECKING/DEMOLITION		
BUILDING INFORMATION:				
TOTAL SQUARE FT = _____				
NUMBER OF STORIES = _____				
CONSTRUCTION COST = _____				
BUILDING CHARACTERISTICS:				
TYPE OF FRAME: <input type="checkbox"/> WOOD <input type="checkbox"/> MASONRY <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER _____				
TYPE OF HEATING FUEL: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> OTHER _____				
TYPE OF MECHANICAL: <input type="checkbox"/> CENTRAL AIR CONDITIONING <input type="checkbox"/> WINDOW UNIT <input type="checkbox"/> OTHER _____				
TYPE OF WATER SUPPLY: <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> PRIVATE (WELL) <input type="checkbox"/> OTHER _____				
TYPE OF SEWAGE: <input type="checkbox"/> PUBLIC OR PRIVATE CO <input type="checkbox"/> PRIVATE (SEPTIC TANK) <input type="checkbox"/> OTHER _____				
PARKING: NUMBER OF PARKING SPACES: _____ ENCLOSED _____ OUTDOOR				
SPECIAL BUILDING/SITE FEATURES:				
GREASE TRAP SIZE: _____ GALS		DRIVEWAY CONCRETE CULVERT SIZE: _____ INCHES		
<input type="checkbox"/> MEDICAL GAS		<input type="checkbox"/> ELEVATOR <input type="checkbox"/> FIRE SUPPRESSION SYSTEM		
PROPERTY OWNER:	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	PHONE:		EMAIL:	
CONTRACTOR: LA LIC #:	NAME:			
	ADDRESS:			
	CITY/STATE:		ZIP CODE:	
	PHONE:		EMAIL:	

Applicant Signature / Date

City Staff Signature / Date

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Permit #: _____	Permit Fees: _____
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