

City of Spring Hill
 5000 Northfield Ln.
 Suite 520



Spring Hill, TN 37174
 931-486-2252 Ext. 211 & 214
 Fax: 931-486-3596

Email permits to:
permits@springhilltn.org

Application for Residential Building Permit

Property Location	Address: _____																
	Subdivision: _____ Lot# _____																
	County: _____ House Plan: (Name or #) _____																
Permit Type	<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Single Family</td> <td>Number of:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Duplex</td> <td><input type="checkbox"/> Garage</td> <td><input type="checkbox"/> Porch</td> </tr> <tr> <td><input type="checkbox"/> Condo</td> <td><input type="checkbox"/> Carport</td> <td><input type="checkbox"/> Deck</td> </tr> <tr> <td><input type="checkbox"/> Town Home</td> <td><input type="checkbox"/> Patio</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Apartment</td> <td><input type="checkbox"/> Bedrooms per House</td> <td><input type="checkbox"/> # of Bathrooms</td> </tr> </table>		<input type="checkbox"/> Single Family	Number of:		<input type="checkbox"/> Duplex	<input type="checkbox"/> Garage	<input type="checkbox"/> Porch	<input type="checkbox"/> Condo	<input type="checkbox"/> Carport	<input type="checkbox"/> Deck	<input type="checkbox"/> Town Home	<input type="checkbox"/> Patio	<input type="checkbox"/> Other	<input type="checkbox"/> Apartment	<input type="checkbox"/> Bedrooms per House	<input type="checkbox"/> # of Bathrooms
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	Flood Plain: (Circle one) YES NO *If yes, Certificate of Finished Floor Elevation required before C.O.																
Description of Work To Be Performed:		Building Information															
<input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Move/Relocation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Addition Sq Ft: _____		Total Sq ft: _____ # of Stories: _____ Const. Cost: _____															
Property Owner	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____																
Contractor (License & Insurance Required for Jobs \$25,000 and above)	TN License# _____ Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____																

*Required items for permits: Maury/Williamson Co Adequate Facilities tax paid, plot plan, plans in PDF

 Applicant Signature

 Date

 City Staff Signature

 Date