

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

Email Applications to:  
[permits@springhilltn.org](mailto:permits@springhilltn.org)

**Application for Concrete Patio, Patio Roof, Pergola ,Sunroom, Screened Porch**

**Permit expires 6 months from date paid**

<b>Property Location</b>	Name: _____		
	Address: _____		
	Subdivision: _____		Lot# _____
	County: _____		
<b>Permit Type</b>	<input type="checkbox"/> Attached Patio Roof <input type="checkbox"/> x <input type="checkbox"/> Concrete Patio <input type="checkbox"/> x <input type="checkbox"/> Gazebo <input type="checkbox"/> x <input type="checkbox"/> Outdoor Fireplace <input type="checkbox"/> x <input type="checkbox"/> Pavers <input type="checkbox"/> x	<input type="checkbox"/> Pergola Size <input type="checkbox"/> x <input type="checkbox"/> Roof Over Seck <input type="checkbox"/> x <input type="checkbox"/> Screen Porch <input type="checkbox"/> x <input type="checkbox"/> Sidewalk Size <input type="checkbox"/> x <input type="checkbox"/> Sunroom Size <input type="checkbox"/> x	
<b>Description of Work To Be Performed:</b>		<b>Building Information</b>	
<input type="checkbox"/> New Construction <input type="checkbox"/> Repair/Replacement Is homeowner installing electrical work: YES NO If yes, a permit is required from the City of Spring Hill		Total Sq ft: _____ Const. Cost: _____ Flood Plain: Yes No	
<b>Property Owner</b>	Name: _____		
	Address: _____		
	City/State: _____		ZipCode: _____
	Phone: _____		Email: _____
<b>Contractor</b> (License & Insurance Required for Jobs \$25,000 and above)	TN License# _____		
	Name: _____		
	Address: _____		
	City/State: _____		ZipCode: _____
	Phone: _____		Email: _____

**\*Required items for permits: plot plan & Drawing of Structure**

\_\_\_\_\_  
 Applicant Signature/ Date

\_\_\_\_\_  
 Planning Signature/Date

\_\_\_\_\_  
 Building/Signature Date