



CITY OF WARTRACE

Building & Codes Department

29 Main Street E, Wartrace, TN37183

Phone: (931) 389-6144 Fax: (931) 389-6142

PERMIT APPLICATION

RESIDENTIAL
COMMERCIAL
PLUMBING
MECHANICAL
OTHER: _____

This permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is started. The applicant agrees to the following: 1) Keep a copy of the approved construction drawings on site during construction. 2) Contact the Building & Codes Department at least 24 hours in advance of required inspection. 3) Have a Certificate of Occupancy Issued (if applicable) prior to the usage or occupancy of the structure or building constructed.

| | | | |
|----|--|---|---|
| 1 | JOB ADDRESS: _____ | | MAP & PARCEL ID: _____ |
| 2 | Zoning: _____ Approval: _____ | SUBDIVISION: _____ LOT# _____ | IS PROPERTY IN A SPECIAL FLOOD HAZARD AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If so, Flood Map ID: _____</small> |
| 3 | OWNER _____ | MAILING ADDRESS _____ | PHONE _____ |
| 4 | APPLICANT _____ | MAILING ADDRESS _____ | PHONE _____ |
| 5 | GENERAL CONTRACTOR _____ | MAILING ADDRESS _____ | PHONE _____ LICENSE _____ |
| 6 | PLUMBING CONTRACTOR _____ | MAILING ADDRESS _____ | PHONE _____ LICENSE _____ |
| 7 | MECHANICAL CONTRACTOR _____ | MAILING ADDRESS _____ | PHONE _____ LICENSE _____ |
| 8 | TYPE OF CONSTRUCTION: <input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR ONLY <input type="checkbox"/> PLACEMENT <input type="checkbox"/> FOUNDATION TYPE: <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWLSPACE | | |
| 9 | PROPOSED USE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> HOUSE RELOCATE <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> OTHER: _____ | | |
| 10 | Heated Square Feet: _____ <small>Porches Garage Deck Patio OTHER</small> | Unheated Square Feet: _____ | OCCUPANCY CLASSIFICATION: _____ |
| 11 | # of bedrooms: _____ # of bathrooms: _____ # of STORIES: _____ TOTAL SQ. FT.: _____ | CONSTRUCTION TYPE: _____ SETBACKS: Front Side Rear | |
| 12 | COST OF PROJECT: **BASED ON ICC BUILDING VALUATION* * \$ _____ | | NOTES/DRAWINGS |
| 13 | \$ _____ | | |
| 14 | \$ _____ | | |
| 15 | \$ _____ | | |
| 16 | \$ _____ | | |
| 17 | \$ _____ | | |
| 18 | \$ _____ | | |
| 19 | \$ _____ | | |
| 20 | TOTAL FEES DUE \$ _____ | | |
| 21 | <p><i>I hereby certify that information given herein is correct and true. Permit above will comply with all adopted codes of the City of Wartrace. I have reviewed and confirmed that any and all subcontractors are properly licensed and insured in accordance with adopted rules, regulations, and any other mandated requirements. _____ (Initial as read)</i></p> <p>_____ SIGNATURE OF CONTRACTOR/ APPLICANT</p> <p>_____ DATE</p> | | |