

Building Inspection Department

Building Permit Application

865-774-7120

PROJECT INFORMATION	PROPERTY OWNER
Project Address:	Property Owner:
	Mailing Address:
Lot No:	Phone Number:
APPLICANT: (if different from owner or contractor)	Email Address:
Name:	Company Name:License #
Mailing Address:	Address:
	Contact Person:
Phone Number:	Phone Number:
Email Address:	Email Address:
PLUMBING CONTRACTOR	
Company Name and Address:	
Contractor License#Contact Person:	Phone number:
MECHANICAL CONTRACTOR	
Company Name and Address:	
Contractor License#Contact person:	Phone number:
ARCHITECT/ENGINEER (FOR COMMERCIAL ONLY)	
Company Name and Address:	
Contact Person: Phone Number: PROJECT TYPE AND USE DESCRIPTION (Please Check All That Apply)	
	Duplex Townhome Modular Home Accessory
Remodel Commercial Other (Describe Below)	PLAN REVIEW ONLY
NO. of Stories:Total Square Footage(Including Basement & Gara	ge):Construction Cost:
NO. of Bedrooms: NO. of Bathrooms: Basement: Crawl: Slab: Piers:	
Description of Work: (i.e. new two story house with unfinished basement and two car attached garage)	
Signature of Applicant: Circle One: Owner Contractor Applicant Date:	
Office Use Only	
Building Permit: \$ Plan Review: \$ Check No.: Receipt No.: C/S Y or N Septic#	