



Sevier County is issuing Demolition permits to monitor the clean-up efforts of the fire damaged/destroyed structures. These permits will be issued through our Building Inspections department. The following information will be required for permit:

#### **Demolition permit**

Project address

Owners name, mailing address and phone number

Contractor (person doing work name)

Contractor phone number

Copy of Business License or Contractors License

Cost of project

- Any Structural walls (includes retaining walls) that remain must be evaluated by a Tennessee licensed engineer. This report shall be submitted to the Building Inspection office for approval prior to a final inspection of site will be approved.

There will be no fee charged for this permit. Applications and additional information may be found at [www.seviercountyttn.gov](http://www.seviercountyttn.gov).

Sevier County Building Inspections

Call: 865-774-7120

Email: [buidinginspections@seviercountyttn.org](mailto:buidinginspections@seviercountyttn.org)



**Building Inspection Department**  
**Demolition Permit Application**  
 865-774-7120

**PROJECT INFORMATION** **PROPERTY OWNER**

Project Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
 \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Tax Map/Group/Parcel: \_\_\_\_\_  
 Lot No: \_\_\_\_\_ Flood Hazard Area? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**APPLICANT: (if different from owner)** **GENERAL CONTRATOR**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ License \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. IS THIS DEMOLITION A RESULT OF THE NOVEMBER 28, 2016 FIRES? YES  OR NO
  2. WHERE IS THE DEBRIS BEING TAKEN? \_\_\_\_\_
  3. ARE ANY WALLS REMAINING THAT ARE SERVING AS RETAINING WALLS? YES  OR NO
- IF YES, WHAT ARE THEY RETAINING? PARKING , STREET , ETC \_\_\_\_\_
- NOTE: ANY WALLS THAT REMAIN MUST BE EVALUATED BY A STRUCTURAL ENGINEER
4. IS THERE A PROPANE TANK? YES  OR NO   
IF YES, THEN VERIFICATION THAT THE TANK HAS BEEN PROPERLY DISCONNECTED AND/OR DISPOSED TO BE SUBMITTED.
  5. IS THERE A WELL? YES  OR NO
  6. IF YES, THEN VERIFICATION THAT THE WELL HAS BEEN PROPERLY DISCONNECTED TO BE SUBMITTED.
  7. IS THERE A SEPTIC TANK? YES  OR NO   
IF YES, TERMINATION AS DEEMED BY THE Sevier County Health Department TO BE SUBMITTED
  8. HAVE THE FOLLOWING UTILITIES BEEN DISCONNECTED?  
 ELECTRICITY YES OR NO  
 WATER YES OR NO  
 SEWER YES OR NO  
 NATURAL GAS YES OR NO  
 PROPANE YES OR NO
  9. ARE THERE HAZARDOUS TREES? (50% OF CROWN, TRUNK SPLIT EXPOSING HEARTWOOD, OR LEANING GREATER THAN 30 degrees) YES OR NO

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BY SIGNING THIS FORM I ALSO ACKNOWLEDGE THAT THE CONTRACTOR AND /OR PROPERTY OWNER IS RESPONSIBLE FOR THE COMPLIANCE WITH ALL LOCAL, STATE, AND FEDERAL REGULATIONS RELATED TO THE DISPOSAL OF HAZARDOUS MATERIALS AND WASTE.

Signature of Applicant: \_\_\_\_\_ Circle One: Owner Contractor Applicant Date: \_\_\_\_\_