

Permit No. **B-**

Job No. _____

Permit Fee \$ _____
Double Fee, if applicable \$ _____
Technology Fee \$ 10.00
Adm. Charge \$ _____
Total Fee \$ _____

NOT REFUNDABLE

**CITY OF CHATTANOOGA
APPLICATION FOR BUILDING PERMIT
LAND DEVELOPMENT OFFICE
643-5800**

STATE TAX MAP NUMBER

Map _____ Group _____ Parcel _____

PROPERTY LOCATION

Street Number _____ Lot / Apt. Number _____
Street Name _____ Street Type _____
Zip Code _____ Direction _____

OWNER INFORMATION

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Area Code _____ Phone Number _____

Ownership is: Private Public (Government)

OCCUPANT INFORMATION

Name _____
Area Code _____ Phone Number _____

TYPE OF WORK

- 1. NEW CONSTRUCTION
- 2. ALTERATION
- 3. REPAIR/REPLACE
- 4. DEMOLITION
- 5. MOVE
- 6. ADDITION

PROPERTY OCCUPIED/USED AS

- 1. INSTITUTIONAL
 - 2. RESIDENTIAL
 - 3. INDUSTRIAL
 - 4. COMMERCIAL
- No. of tenant spaces, non-residential _____
No. of dwelling units, if residential. _____
No. of buildings, if multi-family residential. _____

CONTRACTOR INFORMATION

Contract Value \$ _____
State Lic. _____ City Bus. Lic. _____ Phone _____
Contractor Name _____
Street Address _____
City _____ State _____ Zip Code _____

ARCH./ENGR. INFORMATION

State Lic. _____ City Bus. Lic. _____ Phone _____
Arch./Engr. Name _____
Street Address _____
City _____ State _____ Zip Code _____

AGENT INFORMATION

Name of Agent _____
Address of Agent _____
City _____ State _____ Phone _____

Certificate of Occupancy Fee: \$ _____

PLANS REVIEW FEE: _____ Date Paid: _____

Fee Adjustment \$ _____ Amount _____ Approved _____
(if Applicable)

What is to be built installed, moved, repaired, renovated, or demolished (Explain in detail or attach general description of proposed work).

Sewer Verification _____ Septic _____ Dye Test _____

Zoning Classification: _____

Flood District: No Yes Elevation: _____

Historic District: No Yes

Overlay District: No Yes

Fire District: No Yes

P.U.D. No Yes

Variance Granted: No Yes Case No. _____

Federal Classification Code: _____

(For Office Use Only)

The undersigned does hereby declare that the statements contained in this document and on the reverse side hereof, are true and correct to the best of his or her knowledge, information and belief.

Owner or Agent's Printed Name _____

Owner or Agent Signature _____

PERMIT SHALL BECOME INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS AFTER ISSUANCE OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS.

FOR ALL DEMOLITIONS, ALL MOVES, AND ALTERATION OF INSTITUTIONAL, RESIDENTIAL WITH MORE THAN FOUR DWELLING UNITS, INDUSTRIAL, OR COMMERCIAL PROPERTIES:

This permit shall not be valid until final approval to proceed is received from the Air Pollution Control Bureau. To avoid costly non-compliance penalties, call 643-5970 if you have any questions.

Per City code: Demolition shall not begin until sewer is properly capped at the property line and inspected by the City of Chattanooga's Inspection Division.

NOTICE - This permit is issued with the distinct understanding that the building for which this Permit is issued is to be built in strict accordance with all adopted codes of the City of Chattanooga, Tennessee.

Persons performing construction work under this permit must observe all Federal, State and local codes. For _____ Building Official By _____ Date _____

THIS DOCUMENT BECOMES THE BUILDING PERMIT WHEN SIGNED FOR OR BY THE BUILDING OFFICIAL.