

**OFFICE OF BUILDING COMMISSIONER
DICKSON COUNTY, TENNESSEE
APPLICATION FOR A BUILDING PERMIT**

Map _____ Group _____ Parcel _____ Permit No. _____ Permit Void After 6 Months From Date If Construction Has Not Begun. Workers Compensation Policy: Attached _____ Exempt _____	Date _____, 20____ Receipt Numbers _____ Contractor's Name _____ Contractor's License Number _____ Site Plan: Attached _____
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Application is hereby made for a permit to erect structure(s) as described herein or shown in accompanying plans to be located as shown on the accompanying plot plan. The information that follows is made a part of this application, upon which is requested the issuance of a building permit and/or certificate of occupancy. It is understood and agreed by this applicant that any error, misstatement or misrepresentation, either with or without on the part of this applicant, such as it might, or would operate to cause disapproval of this application, shall constitute sufficient grounds for the revocation of such permit.

APPLICANT _____
 ADDRESS OF APPLICANT _____
 PHONE _____ ZONING DISTRICT _____
 SUBDIVISION _____ LOT NO. _____
 ADDRESS OF JOB SITE _____

TYPE OF CONSTRUCTION: NEW _____ ADDITION _____
 PROPOSED USE: SINGLE FAMILY RESIDENTIAL _____ SWIMMING POOL _____ SIGN _____
 TWO FAMILY RESIDENTIAL _____ CELL TOWER/ANTENNA _____ OTHER _____
 DIMENSIONS: SITE SIZE _____ ROAD FRONTAGE _____
 FRONTYARD SETBACK _____ FOOT/RIGHT OF WAY OR _____ FOOT/CENTER OF RD.
 SIDEYARD SETBACK _____ REARYARD SETBACK _____ LOT AREA PER UNIT _____
 UTILITIES: PUBLIC WATER _____ WELL _____ SEWER _____ SEPTIC TANK _____
 SQUARE FEET OF STRUCTURE: FIRST FLOOR _____ BONUS AREA _____ GARAGE _____
 SECOND FLOOR _____ UNFINISHED BASEMENT _____ CARPORT _____
 TOTAL LIVING AREA _____ COVERED PORCH(ES) _____

ESTIMATED COST OF CONSTRUCTION: TOTAL LIVING AREA _____ BONUS AREA _____ UNFINISHED BASEMENT _____ GARAGE _____ CARPORT _____ COVERED PORCH(ES) _____ TOTAL COST OF CONSTRUCTION _____	FEES: BUILDING PERMIT _____ PLUMBING PERMIT _____ ADEQUATE _____ FACILITTES TAX _____ TOTAL AMOUNT DUE _____
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I hereby certify that the information contained within is correct and true.

APPLICANT SIGNATURE _____

PERMIT ABOVE APPLIED FOR (WILL) (WILL NOT) COMPLY WITH THE ZONING REGULATIONS FOR DICKSON COUNTY, TENNESSEE

By _____ BUILDING COMMISSIONER

If not approved, give reasons: _____

DICKSON COUNTY BOARD OF ZONING APPEALS ON _____, 20____

(granted) (denied) the issuance of a Building Permit with the following conditions: _____