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_____

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
FACILITIES TAX_____

TOTAL AMOUNT DUE_____

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:_____

_____