

CAMPBELL COUNTY BUILDING PERMIT APPLICATION (NEW RESIDENTIAL/ADDITION/GARAGE)

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

ROAD NAME/E-911 ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER: _____

HOME PHONE: _____ WORK PHONE: _____

CONTRACTOR: _____ STATE CONTRACTOR LIC#: _____

ADDRESS: _____ PHONE: _____

PROPOSED USE: _____

NO. EXISTING DWELLINGS ON LOT: _____ WATER SOURCE _____

ROAD FRONTAGE (in feet): _____

BUILDING SETBACKS: FRONT _____ BACK _____ SIDES _____

I, THE UNDERSIGNED, SWEAR/AFFIRM THAT I PROPOSE USE/CONSTRUCTION AS STIPULATED IN MY APPLICATION, DRAWINGS, & SPECIFICATIONS; I WILL COMPLY FULLY WITH ALL APPLICABLE LAWS & REGULATIONS, WHETHER SPECIFIED HEREIN OR NOT. ALL PERMITS ARE SUBJECT TO REVIEW FOR BUILDING SETBACK REQUIREMENTS.

SIGNATURE: (CONTRACTOR/AGENT/ PROPERTY OWNER/ RENTER) _____

DATE _____

TAKEN BY: _____ DATE: _____

APPLICATION REVIEW:

ROAD NAME: _____ CITY/STATE) _____ COUNTY R.O.W. _____ (ACTUAL)

MINIMUM DISTANCE ALLOWED FROM ROAD FRONTAGE PROPERTY LINE TO STRUCTURE: _____

ACCEPTABLE ZONE: A-1 A-2 R-1 R-1-S REQUIRED ACREAGE: _____ EXISTING ACREAGE: _____

VARIANCE REQUIRED: _____ RECEIVED: _____ (date)

REVIEW PERFORMED BY: _____

PLANS REVIEW:

HEATED LIVING SPACE AREA: _____ sf X (/) = \$ _____

UNFINISHED BASEMENT AREAS sf X (\$15.00) \$ _____

TOTAL \$ _____ fee from chart \$ _____

ATTACHED GARAGE AREA: _____ sf \$30 (0 - 500 sf)/\$40 (>500 sf) \$ _____

UNHEATED BASEMENT AREA: _____ sf \$15.00 \$ _____

OTHER STRUCTURE AREA: _____ sf X (/) = \$ _____ fee from chart \$ _____
(e.g., detached garage, storage building)

REQUIRED NUMBER OF INSPECTIONS: _____ X (\$30) \$ _____

TOTAL PERMIT FEE: \$ _____

REVIEWED FOR CODE COMPLIANCE BY: _____ DATE: _____

RESUBMITTAL OF CORRECTED PLANS REQUIRED: YES NO PLANS CORRECTED: YES NO N/A

REQUIREMENTS:

- A. TWO SETS OF PLANS _____
- B. SITE PLAT (signed be applicant) _____
- E. DRIVEWAY GRADING PERMIT _____
- G. READY FOR REVIEW: _____
- C. SEPTIC TANK LAYOUT (if required) _____
- D. E-911 ADDRESS CERTIFICATION _____
- F. LLP (Due at time of permit issue) _____

DATE

PAYMENT:

CASH _____ CHECK _____ PERMIT# _____

BUILDING PERMIT APPLICATION (COMMERCIAL/INDUSTRIAL)

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

ROAD NAME/ E-911 ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER: _____

DESCRIPTION OF USE: _____

HOME PHONE: _____ WORK PHONE: _____

CONTRACTOR: _____ STATE CONTRACTOR LIC#: _____

ADDRESS: _____ PHONE: _____

I, THE UNDERSIGNED, SWEAR/AFFIRM THAT I PROPOSE USE/CONSTRUCTION AS STIPULATED IN MY APPLICATION, DRAWINGS, & SPECIFICATIONS; I WILL COMPLY FULLY WITH ALL APPLICABLE LAWS & REGULATIONS, WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE: (CONTRACTOR/AGENT/ PROPERTY OWNER) _____ DATE _____

TAKEN BY _____ DATE: _____

SITE PLAN REVIEW:

APPROVED BY ANDERSON COUNTY REGIONAL PLANNING COMMISSION ON

PLANS REVIEW:

TYPE OF CONST: I II III IV VA VB OCCUPANCY GROUP: _____

OCCUPANCY DESCRIPTION (for building valuation): _____ COST/SF: \$ _____ (from ICC Building Valuation Data)

STRUCTURE AREA: _____ sf X \$ _____ /sf= \$ _____ fee from chart \$ _____

REQUIRED NUMBER OF INSPECTIONS: _____ X (\$30) \$ _____

TOTAL PERMIT FEE: \$ _____

REVIEWED FOR CODE COMPLIANCE BY: _____ DATE: _____

RESUBMITTAL OF CORRECTED PLANS REQUIRED: YES NO PLANS CORRECTED YES NO N/A

STATE FIRE MARSHALL REVIEW RECEIVED: YES NO N/A

REQUIREMENTS:

- A. TWO SETS OF PLANS _____
- B. SITE PLAN (signed by applicant) _____
- C. SEPTIC TANK PERMIT (if required) _____
- D. E-911 ADDRESS CERTIFICATION _____

E. READY FOR REVIEW: _____ DATE _____

PAYMENT:

CASH: _____

PERMIT # _____

CHECK: _____

BUILDING PERMIT NUMBER

AFFIDAVIT OF PLUMBING LICENSE OR EXEMPTION

(Under T.C.A. § 62-6-402)

(Check One)

____ I, the undersigned, hereby swear and affirm that I am a State of Tennessee Limited Licensed Plumber (LLP) License # _____ and meet all requirements of this license in accordance with T.C.A. § 62-6-402,

or I am exempt from the requirements because:

____ I am employed by a licensed plumber or a licensed plumbing contractor.
My employer is _____ License # _____

____ I am a homeowner performing plumbing work on my own residence in which I live.

Signature

Affirmed and subscribed before me this _____ day of _____, 20_____.

Notary Public _____ My Commission Expires: _____

Return this original form and copy of your license to:

**TOWN OF CARYVILLE
4839 Old Highway 63
Caryville, TN 37714**