



BUILDING PERMIT APPLICATION

City of Springfield

PERMIT# _____

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Marla.Ellis@SpringfieldTN.Gov

Job Address					
Lot No.		Subdivision/Map Parcel			
Owner		Owner's Address	Phone		
Contractor		Architect/Designer/Engineer:			
Address		Address			
Phone		Phone			
License#		License#			
Class of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move					
Description of Work					
Valuation of Work:		Plan Fee	Permit Fee		
Special Conditions					
Mark Fields		Type of Const	Occupancy Group		
Application Accepted by _____ Approved for Issuance by _____		Size of Bldg	No of Stories		
		Total Sq Ft	Max. Occ. Load		
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>		FIRM Flood Insurance map No. <input type="checkbox"/> In <input type="checkbox"/> Out			
		No. of Dwelling Units			
		Sp. Approvals	Required	Received	Not Required
		ZONING			
		HEALTH DEPT			
FIRE DEPT					
SOIL REPORT					
OTHER					
NOTES:					
Signature of Contractor or Authorized Agent		Date			
Signature of Owner (if Owner Builder)		Date			

WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS IS YOUR PERMIT