



BUILDING PERMIT APPLICATION

City of Springfield

PERMIT# _____

P. 615-380-8618

F. 615-382-1612

samantha.arms@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							
Samantha Arms		Type of Const	Occupancy Group		Use Zone		
		Size of Bldg	No of Stories		Max. Occ. Load		
Application Accepted by _____ Approved for Issuance by _____		Total Sq Ft					
<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. ()In ()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