

APPLICATION FOR BUILDING PERMIT

CITY OF OAK RIDGE, TENNESSEE

LOT #

SUBDIVISION

LOCATION OF BUILDING	NUMBER AND STREET COUNTY (CIRCLE ONE) ANDERSON ROANE		OWNER	NAME:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	CONTRACTOR'S LICENSE NUMBER: _____ LIMIT \$ _____ CLASSIFICATION: _____ INSURANCE EXP. DATE: _____	
CLASSIFICATION	CONSTRUCTION TYPE: I, II, III, IV, V		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
BUILDING SIZE:	BUILDING HEIGHT:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
TYPE OF IMPROVEMENT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> FENCE <input type="checkbox"/> ACCESSORY BLDG <input type="checkbox"/> OTHER	PROPOSED USE: <input type="checkbox"/> ONE FAMILY TWO OR MORE FAMILY (ENTER NUMBER) <input type="checkbox"/> COMMERCIAL INDUSTRIAL OTHER (SPECIFY)		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL DESCRIBE IN DETAIL THE PROPOSED USE OF BUILDING:	TYPE OF FRAME: <input type="checkbox"/> MASONRY (WALL BEARING) <input type="checkbox"/> WOOD FRAME STRUCTURAL <input type="checkbox"/> STEEL REINFORCED CONCRETE <input type="checkbox"/> OTHER (SPECIFY)		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
YES NO <input type="checkbox"/> HAVE YOU APPLIED FOR A BUILDING PERMIT IN THE LAST TWO YEARS? <input type="checkbox"/> ARE THERE ANY OTHER STRUCTURES ON THIS PROPERTY? <input type="checkbox"/> IS THIS PROPERTY IN THE 100-YEAR FLOODPLAIN?	TYPE OF FRAME: <input type="checkbox"/> MASONRY (WALL BEARING) <input type="checkbox"/> WOOD FRAME STRUCTURAL <input type="checkbox"/> STEEL REINFORCED CONCRETE <input type="checkbox"/> OTHER (SPECIFY)		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
VALUE OF WORK: \$ 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 SIX (6) MONTHS AT ANY TIME AFTER WORK IS COMMENCED.			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
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.			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
PRINTED NAME OF CONTRACTOR _____ SIGNATURE OF CONTRACTOR _____ DATE _____ *****OFFICE USE ONLY*****			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
App. Rec'd by AB MM Notification Date: 2nd MM AB 3rd MM AB (other)			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
GRADING PERMIT APPROVED _____ DATE ISSUED: _____ BY AB MM _____ FOUNDATION PERMIT NO. _____ DATE ISSUED: _____ BY AB MM _____ FOUNDATION PERMIT FEE: \$ _____ RECEIPT NUMBER _____			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
SETBACKS REQUIRED FRONT REAR SIDES CORNER SHOWN LOT/BLOCK MAP PARCEL			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
FINAL SITE APPROVAL: _____ PLAN REVIEW APPROVAL _____ COMMENTS: _____ EASEMENT ENCROACHMENT FORM YES NO FOUNDATION SURVEY REQUIRED: YES NO FOUNDATION SURVEY RECEIVED: _____ GRADING PERMIT REQUIRED: YES NO BOARD OF ZONING APPEALS CASE NO. _____ FLOOR AREA TO LOT AREA RATIO: _____ FLOOD ELEVATION CERTIFICATE: YES NO LANDSCAPE BUFFER: YES NO			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	
COMMUNITY DEVELOPMENT: CODES DIVISION REVIEWED BY _____ DATE APPROVED _____ COMMUNITY DEVELOPMENT: PLANNING DIVISION REVIEWED BY _____ DATE APPROVED _____ FIRE DEPARTMENT REVIEWED BY _____ DATE APPROVED _____ PUBLIC WORKS: ENVIRONMENTAL COMPLIANCE REVIEWED BY _____ DATE APPROVED _____ (SINGLE FAMILY DETACHED DWELLINGS REQUIRES APPROVAL BY PLANNING AND CODE ENFORCEMENT DIVISIONS ONLY.)			CONTRACTOR	MAILING ADDRESS / ZIP CODE:		CONTRACTOR	MAILING ADDRESS / ZIP CODE:		ARCHITECT	USE CLASSIFICATION:	