



## Permit Application

Development Services

400 W Main St • Suite 475 • Knoxville • TN • 37902

bldginspections@knoxvilletn.gov

### REVIEW INFORMATION

Plans Required:  Yes /  No

If Yes, Plans Review Number: \_\_\_\_\_

If No, Approving Plans Examiner: \_\_\_\_\_

Submittal Method:  Paper Review /  Electronic Review

Commercial with Site Work (4 complete sets including Civil Plans)

Commercial without Site Work (2 complete sets)

Residential (4 site plans and 2 sets of construction drawings)

Email address for contact: \_\_\_\_\_

*\*Please check the City of Knoxville Website for Submission Standards @ [www.knoxvilleTN.gov/knoxplans](http://www.knoxvilleTN.gov/knoxplans)\**

### PROJECT INFORMATION

1. Please identify the property on which the proposed work will occur:

Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Block / Lot Number: \_\_\_\_\_

Property Type:

Residential

Commercial

If commercial, how is it being used: \_\_\_\_\_

Name of tenant: \_\_\_\_\_

Previous occupant/tenant of property: \_\_\_\_\_

2. Please identify who the applicant is:

Applicant is:

Owner

Tenant

General Contractor

Design Professional (Architect / Engineer)

3. Please identify the owner(s) of the subject property:

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. If the applicant is not the owner, please provide the following:

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

License Number: \_\_\_\_\_

**PROJECT COST ESTIMATE**

The fee for a building permit shall be based on the estimated value of work. In computing the estimated value, include the fair market value of all construction or work for which the permit is issued. Include materials, labor cost, electrical work, plumbing work, gas/mechanical work, permanent or fixed heating equipment, elevator equipment, fire sprinkler equipment and any other permanent portions or permanent equipment essential to the operation of the building for the described use.

Total Estimated Project Cost: \$ \_\_\_\_\_

**PROJECT DESCRIPTION**

(Please provide a detailed description of the work to be performed and indicate the trade work associated with the project)

Site Work       Electrical       Plumbing       Gas       Mechanical

**SITE WORK**

Single Family Residence       Yes       No

# of Lots (If Residential Subdivision)

# of Disturbed Acres

\*\*Large Parking Lots, Food Handling Facilities, Car Washes, and Auto Mechanic Shops will need a S.P.A.P (See Engineering for Details)

**STRUCTURE INFORMATION (not applicable if only performing site work)**

**Project Information:**       Residential (One and Two Family Dwellings)       Commercial (including Apartments & Condos w/5+ units)

New Construction     Foundation Only     Addition       Alteration       Repairs       Tenant Finish

Pool       Tent       Moving       Reroof       Other: \_\_\_\_\_

**Foundation Type:**       Slab on grade       Crawlspace       Basement       Stem Wall       Pier

**Demolition:**       Interior       Entire Building       Accessory       Structural       Non-Structural

**Apartments:**      # of Buildings: \_\_\_\_\_      # of Floors: \_\_\_\_\_      # of Units: \_\_\_\_\_

**Zoning Designation:** \_\_\_\_\_      **Construction Type:** \_\_\_\_\_      **Occupancy Classification:** \_\_\_\_\_       Sprinkled       Unsprinkled

**CONTACT INFORMATION**

General Contractor / Authorized Agent: \_\_\_\_\_ License #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Design Professional:  Architect /  Engineer \_\_\_\_\_ License #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Building Contractor - Please check all applicable statutes and regulations:**

- I hereby agree to comply with the ordinances of this jurisdiction pertaining to said building and site, and to construct the proposed building or structure or to make the proposed change or alteration with the plans and specifications submitted herewith, and certify that the information and statement given on this application, drawings and specifications are to the best of my knowledge, true and correct. It is understood and agreed that any error, misstatement, or misrepresentation of fact, either with or without intention, if known may cause refusal of this application or any alteration or change in plans made without approval of the Building Inspector / Building Inspections Department subsequent to the issuance of the building permit, shall constitute sufficient grounds for revocation of the permit.
- I hereby certify that I am the owner of record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I am familiar with and agree to conform to all applicable state and local codes, regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).
- I realize, in the case of new construction or change of use, that NO OCCUPANCY can be made until all final inspections are completed, approved and a CERTIFICATE OF OCCUPANCY has been obtained. I understand that if I occupy, or allow occupancy, in any manner, I am in violation of the International Building Code and City ordinance.
- I am acting as a Contractor licensed by the State of Tennessee. I realize that I am liable to ensure that the appropriate license and insurance are maintained in good standing for the life of the permit. Should the status of either the required State of Tennessee contractors license or worker's compensation insurance change, the City of Knoxville shall be provided notification immediately.
- I am acting as an Owner-Contractor and affirm that I am familiar with TCA § 62-6-102, § 62-6-120, and §62-6-136 and I am not subject to licensure as a contractor or subcontractor. I realize that I am liable to ensure all contractors and subcontractors are appropriately licensed by the State of Tennessee and / or the City of Knoxville. I understand that any person that engages or offers to engage in contracting without a license as required by TCA § 62-6-103 or who violates the terms and conditions of any license commits a Class A misdemeanor.

Signature of Property Owner or Authorized Agent (Plans Review)

Date

Printed Name of Property Owner or Authorized Agent (Plans Review)

Date

Signature of Property Owner or Authorized Agent (Building Contractor)

Date

Printed Name of Property Owner or Authorized Agent (Building Contractor)

Date

**THIS APPLICATION EXPIRES 6 MONTHS FROM DATE OF SUBMITTAL.**