

TOWN OF MONTEAGLE APPLICATION FOR BUILDING PERMIT

• COMMERCIAL ()
• RESIDENTIAL ()

Permit **N₀**

Date _____ Permit Fee \$ _____

ZONING	SITE PLAN REQUIRED	Yes () No ()	
PROPERTY LOCATION		CONTRACTOR INFORMATION	
Street Number	Apt. Number	Contract Value \$ _____ (TO BE VERIFIED BY BUILDING INSPECTOR)	
Street Name	Street Name	State Lic.	Phone
Zip Code	Direction	Contractor Name	
OWNER INFORMATION		Street Address	
Name		City	State Zip Code
Street Address		ARCH. / ENGR. INFORMATION	
City	State Zip Code	State Lic.	Phone
Area Code	Phone Number	Arch. Engr. Name	
Ownership Is: 1. () PRIVATE 2. () PUBLIC		Street Address	
TYPE OF WORK		City	State Zip Code
1. () NEW CONSTRUCTION	4. () DEMOLITION	AGENT INFORMATION	
2. () ALTERATION	5. () MOVE	Name of Agent	Phone No.
3. () REPAIR/REPLACE	6. () ADDITION	Address of Agent	
PROPERTY OCCUPIED/USED AS		City	State Zip Code
1. () INSTITUTIONAL	3. () COMMERCIAL	<p>NOTICE -- This permit is issued with the distinct understanding that the building for which this Permit is issued is to be built in strict accordance with the building laws of State of Tennessee.</p> <p>Persons performing construction work under this permit must observe Tenn. Law: (Pub. Chap. 289 Acts of 1955) providing for precautions to be taken in vicinity of high voltage wires.</p> <p>THIS DOCUMENT BECOMES THE BUILDING PERMIT WHEN SIGNED.</p>	
2. () INDUSTRIAL	4. () RESIDENTIAL	<p>1. What is to be built, installed, moved, repaired, altered or demolished _____</p> <p>2. Type of construction? _____</p> <p>3. Plans, specifications, drawings, and land survey must accompany application. Land survey must show location of proposed building and property lines.</p> <p>4. Is property located in a designated 100 year flood plain? YES ___ NO ___ If yes, what is the elevation? _____</p> <p>The undersigned does hereby declare that the statements contained in this document and on the attachments hereto, are true and correct to the best of his or her knowledge, information and belief.</p> <p style="text-align: center;">Owner or Agent _____</p> <p>NOTICE - This permit must be accompanied by septic system approval from the Health Department, if not on city sewer.</p> <p>Is approval on file? YES ___ NO ___</p> <p>NOTE: Location of Building on lot: (See Zoning Ord.) Minimum front yard setback is ___ feet. Minimum side yard setback is ___ feet (interior lot). Minimum side yard setback is ___ feet (corner lot). Minimum rear yard is ___ feet</p>	
<p>1. () INSTITUTIONAL</p> <p>2. () INDUSTRIAL</p> <p>3. () COMMERCIAL</p> <p>4. () RESIDENTIAL</p>		<p>For _____ Chief Building Official</p> <p>By _____ Date _____</p>	