Town of Gordonsville

63 E. Main Street Gordonsville, TN 38563

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**BUILDING PERMIT APPLICATION**

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| LOCATION | Job Address City/Zip Code    |
| ***OFFICE USE*** | Map and Parcel: | Subdivision Location  | Zoning: **Choose an item.** |
| OWNER | **Owner Name** Mailing Address City/Zip Code      |
| Phone Email  |
| CONTRACTOR | **Contractor**  Mailing Address City/Zip Code   |
| Phone License No. Email   |
| TYPE | **Type of Construction**: [ ] New [ ] Addition [ ]  Remodel [ ]  Repair [ ] Moving [ ]  Demolition [ ]  Sign |
| USE |  ***\*\*Commercial may require plans to be submitted and reviewed.***  1. **Residential** 2. **Commercial**  [ ]  **Choose an Item** [ ]  **Choose an item.**  |
| DESCRIPTIONCOST | Sq. Ft. Living Area  |  | # of Stories  | Choose an item. | **Type of Roo**f: Choose an item. **Type of Framing**: Choose an item.**Foundation:** Choose an item.**Heating**: Choose an item.**Sewage**: Choose an item.**Mechanical**: Choose an item.Choose an item.Choose an item.**Basement**: Choose an item.**Elevation Certificate Req.**: Choose an item. |
| Sq. Ft. Garage |  | # of Bedrooms | Choose an item. |
| Sq. Ft. Basement |  | # of Bath Rms | Choose an item. |
|  |  | # of Fireplaces | Choose an item. |
| Total Sq. Ft.  Dimensions of sign:  | # of plumbing fixtures | Choose an item. |
| Permit Fee:   |  Plumbing Fee:  | Plan Review Fee |  ***Total Fee***:   |
|   |  |  |  |
| ***NOTICE***THIS APPLICATION 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.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.I HEREBY CERTIFY THAT I AM AWARE OF THE ZONING DISTRICT IN WHICH I AM LOCATED AND THAT I AGREE TO COMPLY WITH ANY AND ALL ZONING REQUIREMENTS (LOT SIZE, SETBACKS, ETC.) |
|  |   SIGNATURE OF CONTRACTOR DATE: Click or tap to enter a date.SIGNATURE OF HOME OWNER Click or tap to enter a date. |  | ISSUING PARTY:  8/15/2019APPROVED BY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |