



# APPLICATION FOR LINCOLN COUNTY, TN

## COMMERCIAL - INDUSTRIAL

### BUILDING PERMIT

PLANNING AND ZONING DEPARTMENT  
 112 MAIN AVE., S - RM 107  
 FAYETTEVILLE, TN 37334  
 (o) 931-438-5186  
 EMAIL: [planning@lc-tn.com](mailto:planning@lc-tn.com)

**CONSTRUCTION SITE INFORMATION**

PARCEL ID:			
STREET ADDRESS:			
CITY:		ZIP:	

**PROPERTY OWNER**

NAME		PHONE	
ADDRESS		EMAIL	

**CONTACT NAME**

NAME		PHONE	
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**CONTRACTOR**

NAME		PHONE	
D/B/A		LIC #	
ADDRESS		EMAIL	

**A COPY OF CURRENT STATE OF TN CONTRACTOR'S LICENSE (IF PROJECT VALUATION IS OVER \$25,000) AND CERTIFICATE OF WORKER'S COMP. INSURANCE WITH LINCOLN COUNTY (AT ABOVE ADDRESS) LISTED AS CERTIFICATE HOLDER MUST BE SUBMITTED AT TIME OF PERMIT APPLICATION, IF NOT ON FILE.**

<b>OCCUPANCY GROUP</b>	
<input type="checkbox"/> A-1 ASSEMBLY, THEATERS, WITH STAGE <input type="checkbox"/> A-1 ASSEMBLY, THEATERS, WITHOUT STAGE <input type="checkbox"/> A-2 ASSEMBLY, NIGHTCLUBS <input type="checkbox"/> A-2 ASSEMBLY, RESTAURANTS, BARS, BANQUET HALLS <input type="checkbox"/> A-3 ASSEMBLY, CHURCHES <input type="checkbox"/> A-3 ASSEMBLY, GENERAL, COMMUNITY HALLS, LIBRARIES <input type="checkbox"/> A-4 ASSEMBLY, ARENAS <input type="checkbox"/> B- BUSINESS <input type="checkbox"/> E- EDUCATIONAL <input type="checkbox"/> F-1 FACTORY & INDUSTRIAL, MODERATE HAZARD <input type="checkbox"/> F-2 FACTORY & INDUSTRIAL, LOW HAZARD <input type="checkbox"/> H-1 HIGH HAZARD, EXPLOSIVES <input type="checkbox"/> H-234 HIGH HAZARD <input type="checkbox"/> H-5 HPM	<input type="checkbox"/> I-1 INSTITUTIONAL, SUPERVISED ENVIRONMENT <input type="checkbox"/> I-2 INSTITUTIONAL, HOSPITALS <input type="checkbox"/> I-2 INSTITUTIONAL, NURSING HOMES <input type="checkbox"/> I-3 INSTITUTIONAL, RESTRAINED <input type="checkbox"/> I-4 INSTITUTIONAL, DAY CARE FACILITIES <input type="checkbox"/> M - MERCANTILE <input type="checkbox"/> R-1 RESIDENTIAL, HOTELS <input type="checkbox"/> R-2 RESIDENTIAL, MULTIPLE FAMILY <input type="checkbox"/> R-3 RESIDENTIAL, ONE & TWO FAMILY <input type="checkbox"/> R-4 RESIDENTIAL, CARE/ASSISTED LIVING FACILITY <input type="checkbox"/> S-1 STORAGE, MODERATE HAZARD <input type="checkbox"/> S-2 STORAGE, LOW HAZARD <input type="checkbox"/> U-UTILITY, MISCELLANEOUS

<b>TYPE OF CONSTRUCTION</b>	<b>WORK DESCRIPTION</b>	<b>ESTIMATED COST:</b>
<input type="checkbox"/> TYPE I    A    B                      SF <input type="checkbox"/> TYPE II    A    B                      SF <input type="checkbox"/> TYPE III    A    B                      SF <input type="checkbox"/> TYPE IV    A    B                      SF <input type="checkbox"/> TYPE V    A    B                      SF <b>TOTAL</b> SF	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> RENOVATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER	\$ _____ .00

**THE PERMIT, AFTER ISSUANCE, WILL EXPIRE AFTER 2 YEARS. PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 12 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. IN THE EVENT OF MISREPRESENTATION OF FACT, FALSE STATEMENT, OR INCORRECT INFORMATION ON THIS APPLICATION OR ON THE PLANS ON WHICH THE PERMIT OR APPROVAL WAS BASED, THE PERMIT MAY BE REVOKED.**

**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 RESOLUTIONS 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, REGULATION, CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.**

<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>