



**APPLICATION FOR
COMMERCIAL - INDUSTRIAL
BUILDING PERMIT**

LINCOLN COUNTY, TN

PLANNING AND ZONING DEPARTMENT
112 MAIN AVE., S. - RM 107
FAYETTEVILLE, TN 37334
(o) 931-438-5186
EMAIL: 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 A CURRENT STATE OF TN CONTRACTOR'S LICENSE (IF PROJECT VALUATION 25,000 OR >) AND CERTIFICATE OF WORKER'S COMP, LISTING LINCOLN COUNTY AS THE CERTIFICATE HOLDER, SHALL BE SUBMITTED AT THE TIME OF APPLICATION, IF NOT ON FILE.

OCCUPANCY GROUP		
<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-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	
TYPE OF CONSTRUCTION	WORK DESCRIPTION	ESTIMATED COST:
<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 TOTAL _____ SF	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> RENOVATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER <hr/>	\$ _____ .00

THE PERMIT, AFTER ISSUANCE, WILL EXPIRE AFTER 2 YEARS. PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 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.

THE PERMITTEE IS SOLELY RESPONSIBLE FOR SCHEDULING INSPECTIONS. IF THE LISTED PERMITTEE IS BEING REPLACED, A PERMIT CANCELLATION REQUEST MUST BE SUBMITTED TO THIS OFFICE BEFORE A NEW PERMIT MAY BE ISSUED. CANCELLATION SHALL BE SIGNED BY THE ORIGINAL PERMITTEE.

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.

PRINT NAME	SIGNATURE	DATE
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