



BUILDING INSPECTION SERVICES DEPARTMENT

**REQUIRED SUBMITTALS FOR COMMERCIAL/INDUSTRIAL
AND MULIT-FAMILY BUILDINGS**

The following information must be submitted upon application for a building permit:

1. **Site Plan-** For specific requirements see commercial/multi-family site plan checklist.
2. **Construction Plans-** Two (2) complete copies of construction plans are required in detail as necessary for adequate review, that includes:
 - a. **Architectural plans;**
 - b. **Structural plans;**
 - c. **Plumbing plans;**
 - d. **Electrical plans;**
 - e. **General requirements-** construction type, building area, gross floor area, net floor area, number of stories, means of egress including number of occupants on each floor, exterior wall envelope, and energy code.
 - f. **Soils report;**
 - g. **Sprinkler plans;**
 - h. **Fire protection system plans;**
 - i. **Mechanical plans.**
4. **Plans and specifications must be prepared, sealed, and signed by an architect or engineer registered in the State of Tennessee.**
5. **Contractors/Subcontractors are required to be licensed in the State of Tennessee and a copy of the license must be provided for any construction valued over \$25,000.**
6. **Contractors/Subcontractors must provide proof of workers' compensation insurance or file an affidavit attesting their exemption to the provision of this requirement.**
7. **Contractors/Subcontractors must have a valid business license issued by the City of Gatlinburg.**

8. All new construction must comply with:

- a. 2012 International Building Code;**
- b. 2012 International Plumbing Code;**
- c. 2012 International Mechanical Code;**
- d. 2012 International Fuel Gas Code, under the direction of Sevier County Utility District;**
- e. NEC Electrical Code, under the direction of Sevier County Electric System and the State of Tennessee;**
- f. 2012 International Energy Conservation Code;**
- g. Title 12, Chapter 6 of the Gatlinburg Municipal Code: Excavation, Grading and Clearing.**
- h. Title 5, Chapter 7 of the Gatlinburg Municipal Code: Tourist Residency Permit; All new structures must comply with chapter 26 of the 2012 NFPA Life Safety Code if the building is to be rented on an overnight basis.**

To minimize delay in the review/approval process, we encourage you to contact this office by phone or e-mail with any specific questions regarding these requirements. Office hours are from 8:00 AM to 4:30 PM, Monday thru Friday. Thank You.



**City of Gatlinburg
Request for
Demolition Permit**

Partial Demolition Complete Demolition

1. Applicant: _____ Phone: _____

Mailing Address: _____

Email: _____

2. Property Owner: _____ Phone: _____

Mailing Address: _____

3. General Contractor: _____ Phone: _____

Mailing Address: _____

Contractor's License #: _____ Exp. Date _____ Lic. Limit _____

License Classification: _____ Contract Amount _____ Bus Lic. # _____

NOTE: A copy of your Contractor's License and Workers' Compensation Certificate of Insurance must accompany this application.

4. Property Address: _____

Tax Map _____ Group _____ Parcel _____

5. Request Description: _____

6. Cost of Project: _____

7. Approximate amount _____ (cubic yards)

8. Where is the demolition being taken? _____

9. By what means will it be transported? Dump Truck, Dumpster, Etc _____

10. Who will be transporting the material? _____

11. Is this demolition a result of the November 28, 2016 fires? Yes No

12. Was the structure Destroyed Major damage Minor damage

13. Is there a retaining wall on the property? Yes No

If yes, what is it retaining? _____

NOTE: Any retaining walls must be inspected by the City prior to removal.

14. Is there a propane tank on the property? Yes No

If yes, then verification that the tank has been properly disconnected and/or disposed of by the tank supplier must be submitted.

15. Is there a well on property? Yes No

16. Is there a septic tank on property? Yes No

17. Have the following utilities been disconnected?

Electricity Yes No

Water Yes No

Sewer Yes No

Natural Gas Yes No

Propane Yes No

The above information is true and correct to the best of my knowledge. By signing this form I also acknowledge that the contractor and/or property owner is responsible for compliance with all local, state, and federal regulations related to the disposal of hazardous materials and waste.

Signature of Applicant _____ Date: _____

Printed Name _____



od Zone _____

CITY OF GATLINBURG REQUEST FOR A PERMIT

- 1. Applicant: _____ Phone #: _____
Mailing Address: _____
- 2. Property Owner: _____ Phone #: _____
Mailing Address: _____
- 3. Lessee/Renter: _____ Phone #: _____
Mailing Address: _____
- 4. Architect/Engineer: _____ Phone #: _____
Mailing Address: _____
- 5. General Contractor: _____ Phone #: _____
Mailing Address: _____
Contractor's Lic. #: _____ Exp. Date: _____ Lic. Limit: \$ _____
License Classification: _____ Contract Amt. \$ _____ Bus. Lic. #: _____

NOTE: A copy of your Contractor's License and Worker's Compensation Certificate of Insurance must accompany this application.

Complete this section for any subcontractors doing work over \$25,000.00

- A. Plumbing Contractor: _____ Phone # _____
Mailing Address: _____
Contractor's Lic. #: _____ Exp. Date: _____ Lic. Limit: \$ _____
License Classification: _____ Contract Amt.: \$ _____ Bus. Lic. #: _____
- B. Electrical Contractor: _____ Phone # _____
Mailing Address: _____
Contractor's Lic. #: _____ Exp. Date: _____ Lic. Limit: \$ _____
License Classification: _____ Contract Amt.: \$ _____ Bus. Lic. #: _____
- C. Mechanical Contractor: _____ Phone # _____
Mailing Address: _____
Contractor's Lic. #: _____ Exp. Date: _____ Lic. Limit: \$ _____
License Classification: _____ Contract Amt.: \$ _____ Bus. Lic. #: _____

Total Cost of Project: _____ Cost of Mechanical Systems: _____

Describe Work To Be Done: _____

Location of Work: Subdivision: _____ Lot: _____ Street: _____

Name of Business: _____

E-911 STREET ADDRESS: _____ E-911 Office Phone #: 428-5542

TAX MAP INFORMATION: Map: _____ Group: _____ Parcel: _____

Check Appropriate Items

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Owner's Own Use |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Electrical | <input type="checkbox"/> For Rent or Lease |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Plumbing | <input type="checkbox"/> For Sale |
| <input type="checkbox"/> Repair Work | <input type="checkbox"/> Gas Work | <input type="checkbox"/> Nightly/Weekly Rental |
| <input type="checkbox"/> Demolition | | <input type="checkbox"/> Number of Occupants |
| | | |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Shop | <input type="checkbox"/> Excavation/Fill |
| <input type="checkbox"/> Multi Family | <input type="checkbox"/> Business | <input type="checkbox"/> Sewer Tap |
| <input type="checkbox"/> Boarding House | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Water Tap |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Industrial | <input type="checkbox"/> Field Line/Septic Tank |
| <input type="checkbox"/> Apartments - | <input type="checkbox"/> Storage | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Church | <input type="checkbox"/> Whirlpool/Hot Tub |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other | |

PLEASE NOTE:

Before a building permit can be processed, you must provide the following:

1. Two complete sets of building plans, including site plan.
2. A copy of your septic tank and drain field permit, or utilities department stamp of approval.
3. A copy of Contractor's License and Worker's Compensation Certificate of Insurance.

The above information is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____