



## BUILDING INSPECTION SERVICES DEPARTMENT

### **REQUIRED SUBMITTALS FOR ONE AND TWO FAMILY RESIDENTIAL DWELLINGS**

All new construction must comply with the 2012 Edition of the International Residential Code and the DCA 6-12 Prescriptive Residential Wood Deck Construction Guide.

The following items are needed to obtain a building permit for the construction of a one or two family residence:

1. A completed **Building Permit Application**.
2. **Site Plan** showing:
  - a- The location of all existing and proposed structures in relation to property and building setback lines.
  - b- Parking and turnaround areas associated with the site.
  - c- The stamp of review and approval of the City Utility Department for water/sewer hookups, when applicable.
3. **Exterior Elevations** reflecting actual site conditions, building heights from finished grade, slope and driveway conditions, and materials of the structure's exterior.
4. Two (2) sets of **Building Plans** including:
  - a- **Foundation Plans** including location, size and depth, reinforcement, and insulation details.  
NOTE: If a foundation is to be re-used, a stamped report from a Structural Engineer licensed in Tennessee must accompany the Building Permit Application certifying that the foundation is safe for reuse.
  - b- **Framing Plan** showing adequate structural information and building cross sections detailing the design of the structure and materials to be utilized in the construction. All structural attachments, i.e. walls to foundation, floors to floors, floors to ceilings and roofs, decks to house, etc., must be detailed in the plan.
  - c- **Truss Plans and Bracing Details** reflecting sizes, location, attachment details, as well as the permanent and temporary bracing requirements must be submitted and reviewed prior to truss installation.
  - d- **2012 International Energy Code Compliance Details:**
    - a. Insulation details including foundation insulation, insulation of floors below grade (crawlspaces, basements), floors above grade, attics, ceilings, doors and windows.
    - b. HVAC load calculation.
    - c. "Res Check," an interactive computer program (<https://www.energycodes.gov/rescheck>), can also be used to verify Energy Code compliance.
  - e- **Floor Plans** including fully dimensioned floor plans for each building level.
  - f- **Deck Plans** showing dimensions, materials, and structural attachment details. If a hot tub will be installed on the deck, additional details will be required showing deck reinforcement designed to carry the loads of a hot tub. Please note that any deck having 2 or more stories must be designed by a Structural Engineer.
5. Where no public water or sewer exists, a permit from the Sevier County Health Department detailing the well system and/or septic tank and field line system will be required to obtain a building permit. When a residence is being reconstructed, any existing well and/or septic tank and field line system must be also be approved by the Health Department as safe for re-use.
6. Plans for any structure that is not for owner's own use as a primary residence must be prepared, stamped, and signed by an architect or engineer licensed in the State of Tennessee.
7. License and Insurance from contractors/subcontractors:
  - a- State of Tennessee License when performing work valued over \$25,000.
  - b- Proof of workers compensation insurance.
  - c- Valid business license issued by the City of Gatlinburg.  
*Please note: the Building Official may require additional information be submitted when necessary.*

*Please see REQUIREMENT GUIDELINES FOR CONTRACTOR'S OR HOME OWNERS TO BUILD WITHIN THE CITY LIMITS OF GATLINBURG for licensing and insurance requirements.*



**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 \_\_\_\_\_



# CITY OF GATLINBURG REQUEST FOR A PERMIT

od Zone \_\_\_\_\_

- 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 \_\_\_\_\_