



CITY OF GATLINBURG
REQUEST FOR A PERMIT

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

- 1. Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_
2. Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_
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

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