



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 _____