## **CITY OF NORRIS PERMIT FOR:**

## BUILDING\_\_\_PLUMBING\_\_\_MECHANICAL\_\_OTHER:\_\_\_\_\_Permit No. ELECTRICAL: PERMITS AND INSPECTIONS THROUGH CLINTON UTILITIES BOARD

2. Owner, mailing address and contact no.: Phone #:	1.	Job Address:	
Contractor, mailing address, contact no., license no. and expiration date:     Architect/Engineer name, mailing address, contact no. and license no. and expiration date:     Architect/Engineer name, mailing address, contact no. and license no. and expiration date:     Type of Construction: ResidentialCommercial: Class of Work: NewAdditionAlterationRepairMoveRemove     Describe work:     Describe work:No. of Stories or Height     Property Zoning: FarR1R2R3C1C2I1P1S1S2V1Flood     Lots proposed building setbacks: FrontRearRight SideLeft Side     Left Side     Lots property Zoning: FarR1R2R2Commercial Mechanical \$     Lots property Zoning: FarR1R2Commercial Mechanical \$	2.		
4. Architect/Engineer name, mailing address, contact no. and license no. and expiration date:          5. Type of Construction: ResidentialCommercial:	-		
5.       Type of Construction:       Residential       Commercial:         6.       Class of Work:       New	3.	Contractor, mailing address, contact no., license no. and expiration date:	
6. Class of Work: NewAdditionAlterationRepairMoveRemove	4.	Architect/Engineer name, mailing address, contact no. and license no. and expiration date:	
7.       Describe work:	5.	Type of Construction: Residential Commercial:	
8. Total square footage of proposed work:       No. of Stories or Height         9. Property Zoning: Far_R1_R2_R3_C1_C2_I1_P1_S1_S2_W1_Flood_         10. List proposed building setbacks: Front	-		
9. Property Zoning: FarR1R2R3C1C2I1P1S1S2W1Flood         10. List proposed building setbacks: Front	7.	Describe work:	
9. Property Zoning: FarR1R2R3C1C2I1P1S1S2W1Flood         10. List proposed building setbacks: Front	8	Total square footage of proposed work: No. of Stories or Height	
10. List proposed building setbacks: Front Rear Right Side Left Side         11. Any Easements on Property (List):         12. Valuation of Work: Bldg.\$ Commercial Mechanical \$         13. Variance Required: Received:         This permit becomes null and void if work or construction authorized is not commenced within 180 days or if work is suspended or abandoned for a period of 180 days and write is at work is commenced. 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 ordinances 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 regulating construction or the performance of construction.         Signature of property owner / or Date       Signature of authorized agent         Affidavit of Exemption for workers' compensation insurance per T.C.A. 13-7-211       Signature of authorized agent         Affidavit of Exemption for workers' compensation insurance per T.C.A. 13-7-211       Ima mot required to obtain coverage under the TN Workers' Compensation Law, T.C.A. 50-6-104 through 106; or Ima performing work on my own property in my own city of residence; or Ima performing work on my own property in my own city of residence; or Ima method to support the permit Society Signature of Square footage of Bldg.         Building: Type of Construction		· · · · · · · · · · · · · · · · · · ·	
11. Any Easements on Property (List):         12. Valuation of Work: Bldg.\$Commercial Mechanical \$			
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13. Variance Required:	12.	Valuation of Work: Bldg.\$ Commercial Mechanical \$	
180 days at any time after work is commenced. 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 ordinances 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 regulating construction or the performance of construction.         Signature of property owner / or       Date       Signature of authorized agent         Affidavit of Exemption for workers' compensation insurance per T.C.A. 13-7-211       I am not required to obtain coverage under the TN Workers' Compensation Law, T.C.A. 50-6-104 through 106; or       I am performing work on my own property in my own city of residence; or         I am directly supervising work on my own property in my own city of residence;       FOR OFFICE USE         Building: Type of Construction       Occupancy Group       Square footage of Bldg	13.	Variance Required: Received:	
Building: Type of ConstructionOccupancy GroupSquare footage of Bldg         No. of StoriesNo. of Dwelling UnitsSite PlanBldg. PlansBuilding Permit Fee:         Plumbing: Number of Fixtures X \$2.50 unless listed:         Water closetTubLavatoryShowerKitchen sinkDishwasherLaundry trayClothes washer         Water heaterUrinalFloor sinkFloor drainDrinking fountainWaste/grease interceptor         Vacuum breakersLawn sprinkler systemSewer \$5.00Septic Tank \$10.00         Total fixtures:X \$2.50 ++Permit: \$10.00 =Total Plumbing Permit Cost:         Mechanical: Residential: Commercial:Total Mechanical Permit Cost:         Comments:	Affidav	Signature of property owner / or Date Signature of authorized agent t of Exemption for workers' compensation insurance per T.C.A. 13-7-211 am not required to obtain coverage under the TN Workers' Compensation Law, T.C.A. 50-6-104 through 106; or	
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	Mech	anical: Residential: Commercial: Total Mechanical Permit Cost:	
Application accepted by: Date:	Comn	nents:	
	Appli	cation accepted by: Date: Date:	
Approved for issuance by: Date: Total due:	Appr	oved for issuance by: Date: Total due:	
Permit Validation by: Receipt no Date:	Perm	it Validation by: Receipt no Date:	