

# CITY OF NORRIS PERMIT FOR:

**BUILDING** \_\_\_ **PLUMBING** \_\_\_ **MECHANICAL** \_\_\_ **OTHER:** \_\_\_\_\_ **Permit No.**  
**ELECTRICAL: PERMITS AND INSPECTIONS THROUGH CLINTON UTILITIES BOARD**

1. Job Address: \_\_\_\_\_
2. Owner, mailing address and contact no.: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Contractor, mailing address, contact no., license no. and expiration date: \_\_\_\_\_  
 \_\_\_\_\_
4. Architect/Engineer name, mailing address, contact no. and license no. and expiration date: \_\_\_\_\_  
 \_\_\_\_\_
5. Type of Construction: Residential \_\_\_\_\_ Commercial: \_\_\_\_\_
6. Class of Work: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Move \_\_\_\_\_ Remove \_\_\_\_\_
7. Describe work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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 \_\_\_\_\_ 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 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 city of residence.

FOR OFFICE USE

**Building: Type of Construction** \_\_\_\_\_ **Occupancy Group** \_\_\_\_\_ **Square footage of Bldg.** \_\_\_\_\_  
**No. of Stories** \_\_\_ **No. of Dwelling Units** \_\_\_ **Site Plan** \_\_\_ **Bldg. Plans** \_\_\_ **Building Permit Fee:**  

**Plumbing: Number of Fixtures X \$2.50 unless listed:**  
 Water closet \_\_\_ Tub \_\_\_ Lavatory \_\_\_ Shower \_\_\_ Kitchen sink \_\_\_ Dishwasher \_\_\_ Laundry tray \_\_\_ Clothes washer \_\_\_  
 Water heater \_\_\_ Urinal \_\_\_ Floor sink \_\_\_ Floor drain \_\_\_ Drinking fountain \_\_\_ Waste/grease interceptor \_\_\_  
 Vacuum breakers \_\_\_ Lawn sprinkler system \_\_\_ Sewer \$5.00 \_\_\_ Septic Tank \$10.00 \_\_\_  
**Total fixtures:** \_\_\_\_\_ X \$2.50 + \_\_\_\_\_ +Permit: \$10.00 = **Total Plumbing Permit Cost:**  

**Mechanical: Residential:** \_\_\_\_\_ **Commercial:** \_\_\_\_\_ **Total Mechanical Permit Cost:**  

**Comments:**

**Application accepted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total due:**    
**Approved for issuance by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Permit Validation by:** \_\_\_\_\_ **Receipt no.** \_\_\_\_\_ **Date:** \_\_\_\_\_