

Town of Signal Mountain, Tennessee

Email: _____

APPLICATION FOR
BUILDING, ELECTRICAL, MECHANICAL, GAS OR PLUMBING PERMIT

Application is made for permit to build, alter, repair, add to or wreck a building or structure, as indicated below:
PLANS, SPECIFICATIONS, DRAWINGS AND PLOT DIAGRAM are attached to this application.

Location	Street Address			NATURE OF WORK OR INSTALLATION				CHECK ALL THAT APPLY
	Tax Map	Lot No.						
Owner	Name			Building	New	Repair		
	Present Address				Alteration	Demolish		
Contractor	City & State			Electrical	Addition	Move		
	Phone				Wiring			
Contractor	Name			Plumbing	Meter Centers			
	Street Address				Water Piping	Plumbing		
	City & State, Zip			HVAC	Gas Piping	Complete Installation		
	Office Phone: _____ Mobile Phone: _____				Complete Installation			
State License No. _____ Exp. Date _____								
Architect Engineer	Name			DESCRIPTION OF WORK				
	Street Address							
	City & State							
	State License No. _____ Exp. Date _____							
PLANNING & ZONING INFORMATION								
Size of Lot			Area of Lot					
No. of Stories			Total Height					
Setback from Property Line		Front	Side	Rear				
Total Livable Floor Space			Total Floor Space					
Approximate Completion Date								
Contract or Construction Cost								
Fee _____ Penalty _____ Total _____			<input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ (Date) _____ Building Official					
PERMIT EXPIRES IN 180 DAYS WITHOUT PROPER INSPECTIONS.			REMARKS: This project may be subject to the architectural standards of Americans With Disabilities Act of 1990 (ADA). Issuance of building permit does not certify compliance with this Federal statute. Copies of the guidelines and information concerning ADA may be obtained through Architectural and Transportation Barriers Compliance Board, 1-202-633-7834 (Voice/TDD) or 1-800-USA-ABLE. Failure to comply with ADA may result in Federal fines and penalties.					
_____ (Owner or Agent) _____ Date _____			As an owner/agent, I acknowledge that I have been made aware that the State of Tennessee has adopted the Model Energy Codes (CABC) & ASHRAE 90.1) and that it is my responsibility for code compliance.					
			Permit No. _____ Issued. _____ (Date) _____ Town Manager					

SEPTIC TANK & FIELD LINES MUST BE INSTALLED AND APPROVED (GWP). FOOTINGS INSPECTED AND APPROVED PRIOR TO CONCRETE POUR. OTHER REQUIRED INSPECTIONS ARE FRAMING, ELECTRICAL, PLUMBING AND FINAL PRIOR TO EXPIRATION DATE OF PERMIT.

SHADED AREAS MUST BE COMPLETED BY APPLICANT

**TOWN OF SIGNAL MOUNTAIN
1111 RIDGEWAY AVENUE
SIGNAL MOUNTAIN, TN 37377**

SITE PLAN

- 1. Show direction of natural drainage on each side of the property and along the street frontage. Show street culverts. Reference Signal Mountain Zoning Ordinance, Article VIII, Section 811 for requirements.**
- 2. Show any proposed changes in drainage and driveway culverts.**
- 3. Show driveway.**
- 4. Property corners shall be legibly marked prior to footing inspection. Accurate location is the sole responsibility of the owner/contractor.**

As the owner/Contractor of the property located at:_____
I acknowledge that I am aware that within the Town of Signal Mountain
property Owners are responsible for the water drainage on their property. A
site plan showing drainage is shown above.

Signature:_____ Date:_____

**TOWN OF SIGNAL MOUNTAIN
SIGNAL MOUNTAIN, TN 37377**

**AFFIDAVIT OF EXEMPTION
(under T.C.A §13-7-211)**

**I, the undersigned, hereby swear or affirm that I am applying for a building permit from the Town of Signal Mountain and am exempt from the requirements of T.C.A §13-7-211 (proof of workers' compensation insurance) because:
(check one)**

- A. I am not required to obtain coverage under the Tennessee workers' Compensation Law, T.C.A §50-6-104 through 106.**
- B. I am performing work on my own property in my own county of residence.**
- C. I am directly supervising work on my own property in my own county of residence.**

Signed this _____ day of _____ 20__.

Permit Applicant (please print)

Permit Applicant (signature)

Address

City

State

Zip

In Lieu of the above:

- Copy of Certification is attached, on file or will be faxed.**