



**108 South Main Street; P.O. Box 68
Eagleville, TN 37060
Phone: 615-274-2922 / Fax: 615-274-2977**

Building Permit Number: _____ Date Issued: _____

Lot Number: _____ Tax Map: _____ Group: _____ Parcel: _____

Street Number _____ Subdivision: _____ Tract: _____

Street: _____

Owner: _____ Email: _____ Owner Phone: _____

Contractor: _____ Email: _____ Contractor Phone: _____

Contractor's License Number: _____ Expiration Date: _____

Worker's Comp. Number: _____ Date Expires: _____

Description of Work: _____ Zoning: _____

Living Space Sq. Footage: _____	Bedrooms: _____	FSB: _____
Unfinished Living Sq. Footage: _____	Baths: _____	SSB: _____
Garage Sq. Footage: _____	Kitchens: _____	RSB: _____
Basement Sq. Footage: _____	Number Stories: _____	Septic: _____
Carport: _____	Fireplace: _____	STEP: _____
Covered Porches/Patio/Deck: _____	Exterior: _____	_____
Uncovered Deck: _____	M. E. Code: _____	_____

Inspector: _____ County Development Tax Paid Y/N: _____

Is the property located in the Floodplain? Yes: _____ No: _____ Map/Panel No. _____
(If Yes, SFHA permit will need to be filed with this application)

Construction Cost: \$ _____

Inspection Fees: \$ _____

Building Permit Fee: \$ _____

Plumb/Mech Fee: \$ _____

Method of Payment: _____

Other Fees: \$ _____

Check #: _____

Total Permit Fee: \$ _____

Applicant Signature: _____

Date: _____

Approval Conditions: _____

Building Official: _____

Date: _____

