



City of Chattanooga, TN
Land Development Office
 1250 Market Street • Suite 1000
 Chattanooga, TN 37402

Phone: (423) 643-5800 Fax: (423) 643-5848
 Inspection Scheduling: (423) 643-5879

**ONE & TWO FAMILY / TOWNHOUSE / ACCESSORY
 RESIDENTIAL BUILDING PERMIT APPLICATION**

Not Refundable

(OFFICE USE ONLY)

Permit No. _____

Plan Review Fee (if applicable) \$ _____ pd _____

Site Assessment Fee (if applicable) \$ _____ pd _____

Permit Fee \$ _____

Double Fee (if applicable) \$ _____

Technology Fee \$ _____ 10.00

Admin Fee \$ _____ 5.00

Certificate of Occupancy Fee \$ _____

TOTAL FEE \$ _____

Please Print Clearly or Type	Contract Value Of Work: \$ _____		Fee Adjustment: \$ _____		Approved by _____	
	PROPERTY ADDRESS					
	Number and Street Name				Suite / Unit Number	
	State Tax Map Number				Zip Code	
	Ownership is: <input type="checkbox"/> Private <input type="checkbox"/> Public (Government)					
Name		Mailing Address – Number, Street, City, ST & Zip Code			Telephone Number	
Property Owner	First	Last				
	Company					
Contractor	First	Last				
	Company		State Lic. #	County Lic. #	City Business Lic.#	Worker's Comp? Yes <input type="checkbox"/> Exempt <input type="checkbox"/>
Occupant / Tenant	First	Last				
	Company					
Applicant / Agent	First	Last				
	Company or Relationship to Appl.					

TYPE OF IMPROVEMENT

- New Construction
- Addition
- Alteration
- Manufactured Home
- Moved Setup
- Moving of Structure
- Repair/Replace
- Modular

PRINCIPAL TYPE OF FRAME

- Steel Frame
- Masonry / Concrete
- Wood Frame
- Other _____

of Bedrooms _____

of Off-street Parking Spaces _____

TYPE OF OCCUPANCY

- Single Family Detached
- Single Family Attached
- 2 Family Residential
- Accessory Structure
- Garage / Carport Attached
- Garage / Carport Detached
- Swimming Pool
- Mobile Home

**SETBACKS FROM PROPERTY LINE TO
 NEW STRUCTURE OR ADDITION**

Front: _____ ft.

Rear: _____ ft.

Left Side: _____ ft.

Right Side: _____ ft.

Side Street: _____ ft.

NEW BUILDING/STRUCTURE SIZE

Width: _____ ft.

Depth: _____ ft.

Height: _____ ft.

of Stories: _____

PLANS REVIEW INFORMATION (For Office Use Only)

Sewer Verification: Septic Dye Test Sewer

Zoning Classification: _____

Conditional Zoning: No Yes

Ordinance/Resolution #: _____

Flood District: No Yes

Elevation: _____ ft.

FIRM Map No.: _____

Elevation Certificate: No Yes

Historic District: No Yes

Which Historic District? _____

COA: _____

Overlay District: No Yes

Fire District: No Yes

P.U.D.: No Yes

Variance Granted: No Yes

Case Number: _____

Federal Classification Code: _____

Comments: _____

What is to be built, installed, moved, repaired, renovated or demolished? (Explain in detail)

