

CITY OF COVINGTON
APPLICATION FOR BUILDING PERMIT

PLANNING & BUILDING DIVISION, COVINGTON PUBLIC WORKS
P. O. Box 768, 200 W. Washington Ave., Covington, TN 38019
Phone (901) 476 - 7191 Fax # (901) 476 - 5056

LOCATION:

Property Address: _____ **Date:** _____

Subdivision: _____ **Lot #:** _____

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PROPERTY OWNER:

Landowner's Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: Home _____ **Business** _____ **Cell** _____

CONTRACTOR:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: Business _____ **Cell** _____ **Fax #** _____

State License Number: _____

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REQUIRED SUBMITTALS:

- () **Construction Plans** (*Floor Elevations to Scale*)
- () **Sewer : Public or State Septic Tank Permit** (*Please Circle One*)
- () **Water : Public or Private Well** (*Please Circle One*)
- () **Workman's Compensation : Certified or Affidavit** (*Please Circle One*)

Signature of Applicant: _____ **Date:** _____

PROPOSED USE:

- | | |
|---------------------------------------|--------------------------------|
| Single Family Detached Dwelling () | Commercial () |
| Multi - Family Dwelling () | (Transmittal Form is required) |
| Mobile Home (Single Wide) () | Addition to Building () |
| Manufactured Residential Dwelling () | Accessory Building () |
| Repair, Renovation or Relocation () | Fence () |
| Swimming Pool () | Other () |

Type of Use : _____

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PERMIT VALUATION:

Total Value Of All Work: _____	Commercial
Less Value of Site Prep: _____	Plan Review Process :
Valuation For Permit: \$ _____	() Normal 1/2 of permit fee
	() Fast Tract 2/3 of permit fee

Proposed Work Involves The Following:

- | | | |
|-----------------|-----------------|--------------|
| () Building | () Electrical | () Plumbing |
| () Mechanical | () Natural Gas | () Signage |
| () Life Safety | () Demolition | |

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OFFICE USE ONLY

Map # _____ Group _____ Parcel # _____

Zoning District : _____	Board of Zoning Appeals : ()
Flood Zone : Yes No _____	Plumbing Permit Required : Yes No
Historic Zone : Yes No _____	Natural Gas Permit Required : Yes No
Occupancy Type : _____	Tap : Water ()
Construction Type : I II III IV V VI	Sewer ()
Proposed Use : _____	Natural Gas ()
Valuation : \$ _____	

Square Footage : Heated : _____ Unheated : _____

Yard Requirement : Front : _____ Side : _____ Rear : _____

Approved by Code Enforcement: _____ **Date :** _____

Commercial Plan Review Fee _____

TOTAL AMOUNT TO COLLECT: \$ _____