

CITY OF COVINGTON
APPLICATION FOR BUILDING PERMIT
CODES DIVISION, COVINGTON PUBLIC WORKS
P. O. Box 768, 200 W. Washington Ave., Covington, TN 38019
Phone (901) 476 - 7191 EXT 146 Fax # (901) 476 - 5056
Email: planning.building@covingtontn.com

LOCATION:

Property Address: _____ Date: _____

Subdivision: _____ Lot #: _____

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: _____

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:

		Type of Use : _____
Single Family Detached Dwelling	<input type="checkbox"/>	Commercial <input type="checkbox"/>
Multi - Family Dwelling	<input type="checkbox"/>	<i>(Transmittal Form is required)</i>
Mobile Home (Single Wide)	<input type="checkbox"/>	Addition to Building <input type="checkbox"/>
Manufactured Residential Dwelling	<input type="checkbox"/>	Accessory Building <input type="checkbox"/>
Repair, Renovation or Relocation	<input type="checkbox"/>	Fence <input type="checkbox"/>
Swimming Pool	<input type="checkbox"/>	Other <input type="checkbox"/>

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**

OFFICE USE ONLY

Map # _____ **Group** _____ **Parcel #** _____

Zoning District : _____
Flood Zone : **Yes** **No** _____
Historic Zone : **Yes** **No**
Occupancy Type : _____
Construction Type : I II III IV V VI
Proposed Use : _____
Valuation : \$ _____

Board of Zoning Appeals : ()
Plumbing Permit Required : **Yes** **No**
Natural Gas Permit Required : **Yes** **No**
Tap : **Water** ()
 Sewer ()
 Natural Gas ()

Square Footage : **Heated :** _____ **Unheated :** _____

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

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

Commercial Plan Review Fee _____

TOTAL AMOUNT TO COLLECT: \$ _____