

*****THIS IS NOT A PERMIT*****

**CITY OF COVINGTON
APPLICATION FOR BUILDING PERMIT
CODE COMPLIANCE DEPARTMENT
200 W. Washington Ave., Covington, TN 38019
Phone (901) 476 - 7191 EXT 1046
Email: codecompliance@covingtontn.com**

LOCATION:

Property Address: _____ **Date:** _____
Subdivision: _____ **Lot #:** _____

PROPERTY OWNER:

Landowner's Name: _____
Applicants Name if different: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email: _____
Phone #: Home _____ **Business** _____ **Cell** _____

CONTRACTOR:

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: Business _____ **Cell** _____ **Fax #:** _____
Email: _____
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*)

****I am aware that inspections are required.****

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

PROPOSED USE:

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

Occupancy Load: _____
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:** _____ **ROW:** _____

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

Commercial Plan Review Fee _____

TOTAL AMOUNT TO COLLECT: \$ _____