



Town of Ashland City

Building & Codes Department

233 Tennessee Waltz Parkway Suite 103
 Ashland City TN 37015
 (615) 792-6455

Application for Commercial Building Permit

Property Location	Address: _____		
	City/State/Zip: _____		County: _____
	Zoning: _____		
Permit Type & Proposed Use	<u>Designated Occupancy Classification per IBC</u>		<u>Building Information</u>
	<input type="checkbox"/> Assembly (A1-A5) <input type="checkbox"/> Business (B) <input type="checkbox"/> Education (E) <input type="checkbox"/> Factory/Industry <input type="checkbox"/> High Hazard (H1-H5)	<input type="checkbox"/> Institutional (I1-I14) <input type="checkbox"/> Mercantile (M) <input type="checkbox"/> Storage (S1, S2) <input type="checkbox"/> Utility & Misc. (U)	Total Sq Ft: _____ # Of Stories: _____ Construction Cost: _____
	<u>Parking</u>		
	# of Spaces _____		
	Enclosed: _____		
	Outdoor: _____		
Flood Plain: (Circle one) YES: _____ NO: _____ *If yes, Certificate of Finished Floor Elevation required			
<u>Description of Work to Be Performed:</u>			
<input type="checkbox"/> New Construction		<input type="checkbox"/> Wrecking/Demolition	
<input type="checkbox"/> Alteration/Remodel		<input type="checkbox"/> Tenant Infill/Build Out	
		<input type="checkbox"/> Move/Relocation	
		<input type="checkbox"/> Repair/Replacement	
		<input type="checkbox"/> Addition: _____	
Building Characteristics:			
Type of Frame: <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other: _____			
Type of Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other: _____			
Type of Mechanical: <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Geothermal <input type="checkbox"/> Other: _____			
Type of Water Supply: <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (well) <input type="checkbox"/> Other: _____			
Type of Sewage: <input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (septic Tank) <input type="checkbox"/> Other: _____			
Special Building /Site Feature: Grease Trap size: _____ gallons Driveway concrete culvert size: _____ inches			
<input type="checkbox"/> Medical Gas: <input type="checkbox"/> Elevator <input type="checkbox"/> Fire Suppression System			
Property Owner	Name: _____ Phone: _____		
	Address: _____		City/State: _____ Zip: _____
	Phone: _____		Email: _____
Contractor Please send a copy of contractor license, Insurance, and Workers Comp (Or Workers Comp Exemption)	TN License #: _____ Insurance/Workers Comp #: _____		
	Name: _____		Phone: _____
	Address: _____		City/State: _____ Zip: _____
	Email: _____		
Required: 3 full sets of Construction Plans (print copies), 1 set emailed to amartin@ashlandcitytn.gov including Contractor Licenses, Insurance, Workman's Compensation, or Exemption			

Applicant

Date