



Ashland City Fire, Building & Life Safety Department

101 Court Street
Ashland City TN 37015

Fire & Life Safety: (615) 792-4531 – Building Codes (615) 792-6455

Permit No. _____
Approved by: _____
Date: _____

Application for New or Reissued Change of Occupancy Permit

Property Owner	Name: _____		
	Address: _____		
	City/State/Zip: _____		County: _____
	Phone: _____		Email: _____
Business Owner	Name: _____		
	Address: _____		Parcel ID: _____
	City/State: _____		Zip: _____
	Business Phone: _____		Home Phone: _____
Occupancy	Former Type	Former Name of Business	
	New Type	New Name of Business	
Business Description of Use:			Square Footage:
MUST PROVIDE COPY OF FLOOR PLAN FOR UNIT AND BUILDING			
<input type="checkbox"/> I certify that I am the business owner of authorized agent for the business owner and I will comply with all conditions of occupancy per State and City Codes.			
<input type="checkbox"/> I certify that no Structural, Electrical, Plumbing, Mechanical, or Fire changes have been made to the Building.			
_____		_____	
Applicant Signature		Date	

Are you using a contractor? _____ What is your permit number? _____

Have you paid your impact fees? _____ When do you expect to open for Business? _____

Building Plan Review

Fire Plan Review

Utility Plan Review

WARNING: The Fire Marshal requests that all equipment and furniture be in place prior to his inspection.