



Town of Ashland City

Building & Codes Department

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

Application for Residential Building Permit

Property Location	Address: _____		
	Subdivision: _____		Lot #: _____
Permit Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Three Family <input type="checkbox"/> Quad	Zoning: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4	If this is a Planned Unit Development, please note the (PUD) Zoning Below. _____
Flood Information	Flood Plain: (Check one) YES ___ NO ___ *If yes, Certificate of Finished Floor Elevation required before CO		
Description of Work to Be Performed:		Building Information:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Deck <input type="checkbox"/> Move/Relocation <input type="checkbox"/> Addition Sq. Ft. _____ <input type="checkbox"/> Other	Total Sq. Ft: _____ # Of Stories: _____ Construction Cost: _____	
Property Owner	Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Email: _____		
Applicant Please send a copy of contractor license, Insurance, and Workers Comp (Or Workers Comp Exemption)	TN License #: _____ Insurance/Workers Comp #: _____ Name: _____ Address: _____ City/State: _____ Zip: _____ Phone: _____ Email: _____		

Application and Forms can be emailed to: amartin@ashlandcitytn.gov

Applicant

Date