

RESIDENTIAL BUILDING PERMIT APPLICATION

Telephone: (731) 425-8262

**CITY OF JACKSON
BUILDING DEPARTMENT**

Fax: (731) 425-8228

Contractor Information:

ID Number : _____
Company
Name: _____

If you do not have a contractor number assigned by the City you must fill out a request for said number. Ask for the Contractor ID Number Application.

Property Information:

Project Name: _____

Work Location: _____

Project Address: _____

Subdivision: _____ Lot Number: _____

Owner Name (Per Deed) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____

Square Footage Involved in Project: _____ Total Square Footage: _____

THE INFORMATION BLOCKED IN IS PROVIDED BY THE BUILDING DEPARTMENT

Zone: _____ Right of Way _____ Report Code _____

Set-Backs (Front/Right/Left/Back) _____ / _____ / _____ / _____ Initials _____

Class of Work:

New Addition Alteration Repair Move Remove

Description of Work: _____

If New: _____ Heated Square Footage _____

Unheated Square Footage _____ x .33 = _____

Valuation: _____ Fee Base Square Footage: _____

If modification to existing dwelling and/or construction of accessory structures the fee is based on valuation.

Comments: _____

- NOTICE -

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE)
SIGNATURE OF OWNER (IF OWNER/BUILDER) _____