

# COMMERCIAL PLANS REVIEW APPLICATION

Telephone: (731) 425-8262

**CITY OF JACKSON**  
BUILDING AND HOUSING CODES DEPARTMENT

Fax: (731) 425-8228

## APPLICANT INFORMATION

If you are a contractor with an account number complete section 1 and proceed to section 3.

If you are a contractor without an account number complete section 2.

If you are a design professional check here  and proceed to section 3.

If you are the property/building owner check here  and proceed to section 3.

<b>1</b>	ENTER YOUR JBHCD ACCOUNT NUMBER HERE	<b>CONTRACTOR NAME (INDIVIDUAL CONTACT PERSON)</b>	<b>2</b>
	ENTER COMPANY NAME HERE	<b>CONTRACTOR COMPANY NAME</b>	
	<b>ADDRESS</b>		
	<b>CITY, STATE, ZIP</b>		
	<b>PHONE NUMBER INCLUDING AREA CODE</b>		<b>FAX NUMBER</b>
<b>3</b>	<b>LOCATION:</b> <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY		<b>STATE LICENSE NUMBER</b> <b>CLASSIFICATION AND LIMITS</b>

<b>4</b>	<b>PROJECT INFORMATION</b>
ADDRESS INCLUDING SPACE IF APPLICABLE      ADDRESS NUMBERS ARE ASSIGNED BY JUD AND MUST BE CORRECT!	
<b>PROJECT NAME</b>	<b>PROPOSED USE (EXAMPLE: STORE, CAFÉ, DAYCARE, ETC.)</b>
<b>OWNER NAME</b>	<b>USE ZONE    FLOOD ZONE    OCCUPANCY CLASSIFICATION</b>
<b>OWNER ADDRESS</b>	<b>CONSTRUCTION TYPE</b> <b># STORIES</b> <b>SPRINKLERED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CITY, STATE, ZIP</b>	<b>SQ. FOOTAGE IN PROJECT</b> <b>SQ. FOOTAGE IN TOTAL BUILDING</b>
<b>TELEPHONE</b>	<b>CLASS OF WORK:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE

DESCRIPTION
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<b>5</b>	<b>DESIGN PROFESSIONAL</b>
	<b>NAME</b>
	<b>FIRM NAME</b>
	<b>ADDRESS</b>
	<b>CITY, STATE, ZIP</b>
	<b>TELEPHONE</b>

TOTAL VALUE OF ALL WORK \_\_\_\_\_

VALUE OF SITE PREPARATION WORK \_\_\_\_\_

VALUE OF FIRE SAFETY WORK \_\_\_\_\_

VALUATION FOR PURPOSE OF PERMIT \_\_\_\_\_

<b>CHECK ONE REVIEW TYPE</b>
FAST TRACK <input type="checkbox"/>
NORMAL <input type="checkbox"/>

<b>Proposed work involves the following:</b>	<b>Send Copies of Review to:</b>
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	<input type="checkbox"/> Owner
<input type="checkbox"/> Mechanical <input type="checkbox"/> Gas <input type="checkbox"/> Demolition	<input type="checkbox"/> Designer
<input type="checkbox"/> Signs <input type="checkbox"/> Fire Safety (Alarms & Suppression Sys.)	<input type="checkbox"/> Contractor

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

<b>IF YOU SPOKE WITH OUR OFFICE REGARDING THIS PROJECT, WITH WHOM DID YOU SPEAK?</b>
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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 \_\_\_\_\_ Date: \_\_\_\_\_