



The Town of Collierville

500 Poplar View Pkwy.
Collierville, TN 38017
Phone (901) 457-2310
FAX (901) 457-2329

APPLICATION FOR **BUILDING PERMIT**

DATE: _____ PERMIT NO _____ CONTRACTOR LIC. NO _____ COLL BUS. LIC. _____

OWNER _____ ADDRESS _____ CITY _____

ZIP CODE _____ PHONE _____ EMAIL _____

CONTRACTOR _____ ADDRESS _____ CITY _____

ZIP CODE _____ PHONE _____ EMAIL _____

JOB ADDRESS _____

NOTE: Fill in the following information as accurately and completely as possible. This application is not acceptable unless all required information is furnished

CHECK ONE: New Construction Alteration Change in Use Addition

Proposed Use _____

No of Stories _____ Height in Feet _____

Pool Vinyl Gunite Above Ground Fiberglass

Total Area Occupied by Building Percentage of Lot Covered

FEES	AREAS	GENERAL
\$ _____ Use & Occupancy	_____ 1st Floor	_____ Zoning District
\$ _____ Building	_____ 2nd Floor	_____ Front Yd. Setback
\$ _____ Plans Review Fee	_____ 3rd Floor	_____ Rear Yd. Setback
\$ _____ Pool	_____ 4th Floor	_____ Right Side Yd. Setback
\$ _____ Demolish	_____ Att. Garage	_____ Left Side Yd. Setback
\$ _____ Curb Cut	_____ Porches	_____ Bath or Rest Rms.
\$ _____ Fire Dev. Fee	_____ Balconies	_____ Bed Rooms
\$ _____ Hist. Pres. Fee	_____ Other	_____ Total Rooms
\$ _____ Alt. Trans. Fee	_____	_____ Water Heater
\$ _____ Fire Plan Review Fee	_____	_____ Heating
\$ _____ Code Software Fee	_____	_____ Fireplace
\$ _____ TOTAL FEE	_____ Total Square FT	_____ Chimney

Foundation: Joist Slab

\$ _____ **TOTAL** _____ **CHECK NO.** _____ **DATE PAID.** _____ **DATE ISSUED.** _____

Note: Issuance of Permit SHALL NOT be held to permit or to be an approval of the Violation of any provision of any Town code or State Law.

ESTIMATED JOB VALUE \$ _____ (not including property)

In making the application for a building permit, the applicant states that the information given is to the best of their knowledge, true and accurate. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of fact, either with or without intention on their part, such as might, if unknown cause a refusal of this application or any alteration or change in plans made without the approval of the building official subsequent to the issuance of the building permit, shall constitute sufficient grounds for the revocation of such permit.

CALL FOR FOLLOWING INSPECTIONS (when ready): Site, Footing, Posthole, Slab, Floor Joist, Sheathing, Strapping, Brick Tie, Rough-In Plumbing, Rough-In Electrical, Mechanical Temp, Rough-In Gas, Top Out, Framing, Insulation, Electric Temp, Gas Temp, Deep Seal, Fire Protection, Curb Cut, Sidewalk, Inlet, Plumbing Final, Electrical Final, Mechanical Final, Gas Final, Building Final, Certificate of Occupancy.

FOR INSPECTIONS CALL: (901) 457-2310

APPLICANT SIGNATURE: _____ Home Owner Builder

PERMIT VOID: If construction not begun within (6) months from date permit issued: if more than (1) year elapses between inspections: if incorrect information is given on application for permit.

Engineering Dept. _____

Planning Dept. _____

BUILDING PERMIT ISSUED

DATE _____ SIGNED _____

Building Official or Plans Examiner

NO BUILDING SHALL BE OCCUPIED WITHOUT CERTIFICATE OF OCCUPANCY