

Warren County, Tennessee
Building & Environmental Codes Department
201 Locust Street, Suite 6 McMinnville, TN 37110

Permit #: _____
Receipt #: _____

APPLICATION FOR
SINGLE FAMILY RESIDENTIAL
BUILDING PERMIT

Date: _____

PERMITTEE FIRST NAME: _____ LAST NAME: _____

1. DESCRIPTION OF THE WORK TO BE PERFORMED

- New Construction Single Family
- Addition of 30 Sq. Ft. or more in interior space
- Change of Occupancy to Single Family Residential

Heated Sq. Ft. of work to be performed: _____

Unheated Sq. Ft. of work to be performed: _____

For additions and changes in occupancy only: Will new construction include plumbing or HVAC? Yes No

Foundation: Conventional (crawl space with no slab) Slab and Footing cast separately (for finished living areas only) Slab and Footing cast monolithically (for finished living areas only)

Basement: Yes No

Number of stories (not including basement) of new construction or addition: 1 2 3

Applicable on 3 story with basement only: I certify the finished surface of the floor above the basement is not more than 6 ft above grade plane, (b) is not more than 6 ft above the finished ground level for more than 50% of the total building perimeter or (c) is not more than 12 ft above the finished ground level at any point. Yes No

2. LOCATION OF CONSTRUCTION

Street #: _____ Prefix: _____ Street Name: _____ Suffix: _____

City: _____ County: _____ ZIP: _____

Is this property within the city limits? No Yes City, if different from mailing address: _____

Parcel ID #: CtrlMap: _____ Grp: _____ Parcel: _____ Example: 089 A 030.22

For information on your Parcel ID #, please visit <http://www.assessment.state.tn.us>
If this property is part of a parent parcel that has not been assigned a Parcel ID #, please use the parent parcel's ID #.

3. OWNER FIRST NAME: _____ **LAST NAME:** _____

Street #: _____ Prefix: _____ Street Name: _____ Suffix: _____

City: _____ State: TN ZIP: _____

Phone: _____ Email: _____

4. PERMIT FEES

Total Construction Cost: _____

Permit Fee Total: _____

PLEASE MAKE CHECK PAYABLE TO WARREN COUNTY TRUSTEE

5. ADDITIONAL APPROVALS

OUTSIDE AGENCIES	REQUIRED	APPROVED	NOT REQUIRED
STATE OF TENNESSEE DIVISION OF FIRE PREVENTION			
STATE OF TENNESSEE DIVISION OF GROUNDWATER PROTECTION			
PLANNING COMMISSION			
HIGHWAY DEPARTMENT			
WATER DEPARTMENT			
SANITATION DEPARTMENT			
CANEY FORK ELECTRIC			
FIRE DEPARTMENT			

6. INSPECTIONS

INSPECTIONS	REQUIRED	APPROVED	NOT REQUIRED
FOOTING OR MONOLITH SLAB			
SLAB OTHER THAN MONOLITH			
FRAMING ROUGH-IN			
INSULATION			
PLUMBING ROUGH-IN			
PLUMBING FINAL			
MECHANICAL ROUGH-IN			
MECHANICAL FINAL			
FINAL			

Homeowner-Applicant Affidavit for Building Permit:

Questions - If you answer "No" to any of these questions, you do not legally qualify:

1. I am a record owner of the property on which the work is to be performed and this residential structure is for my own individual use and is not for sale, lease or rent and a homeowner permit has not been obtained by me within the last two (2) years.

Yes No

2. I will perform all work for which the building permit was issued, except where otherwise noted, and agree to ensure anyone hired must show proof of license where required by state law (\$25,000 or more for materials and labor.)

Yes No

3. I am not hiring a construction manager to oversee the project.

Yes No

4. I understand that should I cease to act as the owner-builder of the project, and hire a contractor to complete the project, this permit will be voided and the contractor will apply for a new permit.

Yes No

I, _____, certify by
[Homeowner Name]

signing below that I have read the important notices document and understand the requirements and responsibilities that accompany a Homeowner's Permit and that I have truthfully completed this application and that I certify availability of a public sewer or obtainment of a septic permit and all licenses or permits required by state or local law or ordinance.

Signature of Property Owner

Date

CONTRACTOR NAME: _____

Address: _____

City: _____ State: TN

ZIP: _____

Phone: _____

Email: _____

OR

Contractor License #: _____

Classification: BC BC-A BC-B

APPLICANT SIGNATURE

I hereby certify that I have completely read the important notices document and truthfully completed this application and that I have complied with the Business licensing and Workers' Compensation laws of the State of Tennessee*, that I am properly licensed pursuant to T. C.A. Title 62, chapter 16 and I certify availability of a public sewer or obtainment of a septic permit and all licenses or permits required by state or local law or ordinance.

Signature of contractor/authorized agent

Date

** Questions regarding Workers' Compensation should be directed to the Tennessee Department of Labor and Workforce Development at 615-741-2395 or www.tn.gov/labor-wfd/wcomp*