

ANDERSON COUNTY BUILDING PERMIT APPLICATION (NEW CONSTRUCTION/ADDITIONS)

MAP: _____	PARCEL: _____	AC/LOT: _____	ZONE: _____
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PROPERTY OWNER: _____

ROAD NAME/E-911 ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONTRACTOR: _____ LIC# & MONETARY LIMIT: _____

ADDRESS: _____ PHONE: _____

PROPOSED USE: _____

NO. OF STORIES: _____ NO. OF BEDROOMS _____

(PLEASE CIRCLE ALL THAT APPLY) CRAWL SPACE, SLAB OR BASEMENT (FINISHED/UNFINISHED) BONUS ROOM YES / NO

FLOOD ZONE: YES OR NO

ROAD FRONTAGE (in feet): _____ NO. OF EXISTING DWELLINGS ON LOT: _____

BUILDING SETBACKS:

FRONT _____ BACK _____ SIDES _____

(Meeting set back requirements is the responsibility of the permit holder and/or contractor. Anderson County Planning and Development cannot be held responsible).

I, THE UNDERSIGNED, SWEAR/AFFIRM THAT I PROPOSE USE/CONSTRUCTION AS STIPULATED IN MY APPLICATION, DRAWINGS, & SPECIFICATIONS; I WILL COMPLY FULLY WITH ALL APPLICABLE LAWS & REGULATIONS, WHETHER SPECIFIED HEREIN OR NOT. **T.C.A. 62-6-103, AN OWNER OF PROPERTY MAY CONSTRUCT A SINGLE RESIDENCE ONCE EVERY TWO (2) YEARS, FOR THEIR OWN USE, AND NOT FOR RESALE, LEASE, OR RENT.** ALL PERMITS ARE SUBJECT TO REVIEW FOR CODE AND ZONING REQUIREMENTS.

SIGNATURE	PRINT NAME	DATE
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Taken by: _____	Date _____	County R.O.W. _____
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PLANS REVIEW:

HEATED LIVING SPACE AREA: _____ Sq. Ft. X \$100.95 fee from chart \$ _____

UNFINISHED BASEMENT AREAS: _____ Sq. Ft. X \$15.00 fee from chart \$ _____

FINISHED BASEMENT AREA: _____ Sq. Ft. X \$100.95 fee from chart \$ _____

ATTACHED GARAGE AREA: _____ Sq. Ft. X \$ fee from chart \$ _____

OTHER STRUCTURE AREA: _____ \$30 (0 - 500 sf)/\$40 (>500 sf) Sq. Ft. X (\$38.66-\$30.93) fee from chart \$ _____

(e.g., detached garage, storage building, decks, porch)

NUMBER OF INSPECTIONS: _____ X (\$30) \$ _____

TOTAL PERMIT FEE: \$ _____

REVIEWED FOR CODE COMPLIANCE BY: _____ DATE: _____

RESUBMITTAL OF CORRECTED PLANS REQUIRED: YES NO PLANS CORRECTED: YES NO N/A

REQUIREMENTS NEEDED FOR PERMIT ISSUANCE:

- | | |
|--|---|
| A. TWO SETS OF PLANS | D. E-911 ADDRESS CERTIFICATION (865) 463-8160 |
| B. SITE PLAT (signed by applicant) | E. WORKERS COMP. CERTIFICATE OF LIABILITY |
| C. SEPTIC TANK LAYOUT (if required) (865) 594-6035 | |

PAYMENT: CASH _____ CHECK _____ PERMIT# _____