



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 _____ PHONE _____

ARCHITECT _____ ADDRESS _____ PHONE _____

CONTRACTOR _____ ADDRESS _____ PHONE _____

ADDRESS _____ LOT NO. _____ SUB. DIV. _____

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 _____ Fire District _____ Height in Feet _____
 Pool Vinyl Gunitite 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 Setback _____
_____	Curb Cut	Porchs _____	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 _____
_____			Fireplace _____
_____	TOTAL FEE	Total Square Ft. _____	Chimney _____

Foundation: Joist Slab

\$ _____ TOTAL REC.NO. _____ CHECK NO. _____ DATE PAID _____

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 BUILDING VALUE \$ _____ (not including property)

In making application for a building permit, the applicant states that the information given is, to the best of his 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 his 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, Framing, Deep Seal, Brick Tie, Strapping, Fire Protection, Rough-In Plumbing, Rough-In Electrical, Final Plumbing, Final Electrical, Curb Cut, Sidewalk, Rough-In Gas, Gas Final, Mech. Temp., Mech. Final, Certificate of Occupancy.

FOR INSPECTIONS CALL: 457-2310

APPLICANT SIGNATURE: _____ Home Owner - Builder _____

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

ARCHITECT _____
E-MAIL ADD _____
FAX NO. _____

- Finish Floor Elevation
- Foundation Survey Required
- Seismic Construction Required
- 2 Trees Required
- Model Energy

Fire Marshall _____

Engineering Dept. _____

Planning Dept. _____

BUILDING PERMIT ISSUED

DATE _____ SIGNED _____

Building Official or Plans Examiner

NO BUILDING SHALL BE OCCUPIED WITHOUT CERTIFICATE OF OCCUPANCY