



# 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  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 \_\_\_\_\_ 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, 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.**

ARCHITECT \_\_\_\_\_  
EMAIL ADD. \_\_\_\_\_  
FAX NO. \_\_\_\_\_

Fire Marshall \_\_\_\_\_

Engineering Dept. \_\_\_\_\_

Planning Dept. \_\_\_\_\_

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

**BUILDING PERMIT ISSUED**

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Building Official or Plans Examiner

**NO BUILDING SHALL BE OCCUPIED WITHOUT CERTIFICATE OF OCCUPANCY**