

CITY OF NORRIS PERMIT FOR:

BUILDING ___ PLUMBING ___ MECHANICAL ___ OTHER: _____

___ Permit No.

ELECTRICAL: PERMITS AND INSPECTIONS THROUGH CLINTON UTILITIES BOARD

1. Job Address: _____
2. Owner, mailing address and contact no.: _____
3. Contractor, mailing address, contact no., license no. and expiration date: _____
4. Architect/Engineer name, mailing address, contact no. and license no. and expiration date: _____
5. Type of Construction: Residential _____ Commercial: _____
6. Class of Work: New ___ Addition ___ Alteration ___ Repair ___ Move ___ Remove ___
7. Describe work: _____
8. Total square footage of proposed work: _____ No. of Stories or Height _____
9. Property Zoning: Far ___ R1 ___ R2 ___ R3 ___ C1 ___ C2 ___ I1 ___ P1 ___ S1 ___ S2 ___ W1 ___ Flood ___
10. List proposed building setbacks: Front ___ Rear ___ Right Side ___ Left Side _____
11. Any Easements on Property (List): _____
12. Valuation of Work: Bldg. \$ _____ Commercial Mechanical \$ _____
13. Variance Required: _____ Received: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days or if work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of property owner / or	Date	Signature of authorized agent
----------------------------------	------	-------------------------------

Affidavit of Exemption for workers' compensation insurance per T.C.A. 13-7-211

I am not required to obtain coverage under the TN Workers' Compensation Law, T.C.A. 50-6-104 through 106; or

I am performing work on my own property in my own city of residence; or

I am directly supervising work on my own property in my city of residence.

FOR OFFICE USE

Building: Type of Construction _____ **Occupancy Group** _____ **Square footage of Bldg.** _____
No. of Stories ___ **No. of Dwelling Units** ___ **Site Plan** ___ **Bldg. Plans** ___ **Building Permit Fee:**

Plumbing: Number of Fixtures X \$2.50 unless listed:
 Water closet ___ Tub ___ Lavatory ___ Shower ___ Kitchen sink ___ Dishwasher ___ Laundry tray ___ Clothes washer ___
 Water heater ___ Urinal ___ Floor sink ___ Floor drain ___ Drinking fountain ___ Waste/grease interceptor ___
 Vacuum breakers ___ Lawn sprinkler system ___ Sewer \$5.00 ___ Septic Tank \$10.00 ___
 Total fixtures: _____ X \$2.50 + _____ + Permit: \$10.00 = **Total Plumbing Permit Cost:**

Mechanical: Residential: _____ **Commercial:** _____ **Total Mechanical Permit Cost:**

Comments:

Application accepted by: _____ **Date:** _____ **Total due:**
Approved for issuance by: _____ **Date:** _____
Permit Validation by: _____ **Receipt no.** _____ **Date:** _____