



**ROANE COUNTY CODES ENFORCEMENT
COMMERCIAL/INDUSTRIAL BUILDING PERMIT APPLICATION**

Address of property: _____

City, State, Zip: _____

Property Identification			Zoning:
Map: _____	Ctrl Map: _____	Group: _____	Zone: _____
Parcel: _____	All of _____	Part of _____	Flood Plain: Yes No

2. OTHER PERMITS OBTAINED
 Sewer/Septic Permit: Yes No Driveway: Yes No

3. TYPE OF BUILDING

Project Description	Purpose of Use		
<input type="checkbox"/> New Structure	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Religious
<input type="checkbox"/> Addition	Amusement	Describe: _____	Church
<input type="checkbox"/> Repair	Hospital/Institutional		Fellowship Hall
<input type="checkbox"/> Replacement	Educational		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relocation	Stores/Mercantile		
<input type="checkbox"/> Remodel	Office/Bank/Professional		
	Other: _____		

Ownership: Private Public

4. CHARACTERISTICS

Type of Foundation <input type="checkbox"/> Crawl <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Other: _____	Type of Sewage Disposal <input type="checkbox"/> Public or Private Sewer <input type="checkbox"/> Individual (septic tank, etc.)	Roof Type: _____
	Type of Water Supply <input type="checkbox"/> Public or Private <input type="checkbox"/> Individual (well, etc.)	Siding Type: _____
Type of Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____		Type of Heat <input type="checkbox"/> Central Heat/Air <input type="checkbox"/> Other: _____
		No. Units: _____
		Porch/Deck: _____ Size: _____
		Other: _____

5. COST (Complete cost of work to be done.)
 Total Cost of Improvement: _____

6. APPLICANT INFORMATION

I am the AUTHORIZED REPRESENTATIVE of the property owner or contractor. I will notify the Roane County Codes Enforcement Office of any changes with this application.

Contractors Number: _____

Exp. Date: _____ Company Name: _____

Print Name: _____ Signature: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____