



CITY OF GATLINBURG
REQUEST FOR A PERMIT

- 1. Applicant: Phone #: Mailing Address: Email:
2. Property Owner: Phone: Mailing Address: Email:
3. Architect/Engineer: Phone #: Mailing Address:
4. General Contractor: Phone# Mailing Address Email: License # Exp. Date: License Limit Classification: Business License:

NOTE: A copy of your Contractor's License and Workers Compensation Certificate of Insurance MUST accompany this application.

Complete This Section for any Subcontractors Doing Work Over \$25,000

- 1. Plumbing Contractor: Phone: Mailing Address: Email: License#: Exp. Date: License Limit \$: Classification: Contract Amount: Business License:
2. Mechanical Contractor: Phone: Mailing Address: Email: License#: Exp. Date: License Limit \$: Classification: Contract Amount: Business License:
3. Electrical Contractor: Phone: Mailing Address: Email: License#: Exp. Date: License Limit \$: Classification: Contract Amount: Business License:

Project Information:

Total Cost of Project: Cost of Mechanical Systems: Describe Work to Be done

Project Physical Address:

Tax Map: Group: Parcel: Business Name (if applicable):

Check Appropriate Items Pertaining to Project:

- New Construction Mechanical Owner's Own Use
Renovation/Remodel Plumbing For rent or lease (long term)
Repair Work Electrical For Sale
Demolition Gas Nightly/Weekly Rental
Excavation Number of Occupants
Special Event
Single Family Business/shop City Sewer Tap
Multi Family Restaurant City Water Tap
Hotel/Motel Storage Field Line/Septic Tank
Condos/Apartments Church Swimming Pool
Bed & Breakfast Other Hot Tub
Boarding House

PLEASE NOTE: BEFORE A BUILDING PERMIT CAN BE PROCESSED, YOU MUST PROVIDE THE FOLLING INFORMATION:

- 1. Two complete sets of building plans and a site survey plan.
2. A copy of Contractor's License (State of Tennessee) and Worker's Compensation Certificate of Insurance.
3. A copy of your septic tank and drain field permit, or utilities department stamp of approval.

The above information is true and correct to the best of my knowledge.

Signature of Applicant: Date:

Print Name: