



CITY OF CROSSVILLE
Building Permit Application
Please complete all information

PROPERTY INFORMATION

911 physical address: _____ City _____ ZIP _____

Any part of lot in floodplain? (Check one): Yes _____ No _____

Subdivision: _____ Block # _____

Tax Map _____ Parcel # _____ Lot # _____

Proposed Description/Use: _____

Proposed Use (check one): _____ Single Family Residence (Number of Bedrooms: _____)

_____ Manufactured Home (Age _____ yrs.)

_____ Assembly _____ Business _____ Educational _____ Mercantile _____ Institutional

_____ Misc./Utility _____ Storage _____ Industrial _____ Residential (Apartments – Number of Units _____)

Heated Sq. Ft. _____ Unheated Garage Sq. Ft. _____ Unheated Basement Sq. Ft. _____

Porches/Decks Sq. Ft. _____ VALUATION: \$ _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Is homeowner acting as contractor? (Yes or no): _____ ***If YES, homeowner affidavit is required.***

CONTRACTOR/BUILDER

Name: _____ TN State Contractor License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____

Email: _____ Mobile Phone: _____

I certify that the above information is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

CODES DEPARTMENT

COPIES RECEIVED (Yes/No or NA):

Complete Drawings: _____

Sewer/Septic Arrangements: _____

Worker's Comp Certificate of Insurance: _____

Business License (if required): _____

Architect/Engineer Stamp (if required): _____

SFMO Approval (if required): _____

Worker's Comp Exemption (if applicable): _____

Homeowner Affidavit (if applicable): _____