

BUILDING PERMIT APPLICATION

LANDOWNER'S NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ ST: _____ ZIP CODE: _____

BUILDING LOCATION: _____

CITY: _____ COUNTY: _____ ST: _____ ZIP CODE: _____

IF PROPERTY IS IN A SUBDIVISION PLEASE FILL IN:

NAME: _____ LOT #: _____

CITY: _____ COUNTY: _____ ST: _____ ZIP CODE: _____

****ALL APPLICATIONS MUST HAVE: MAP #: _____ & PARCEL #: _____
TOTAL ACREAGE OF LOT: _____. THIS INFORMATION CAN BE FOUND
THROUGH ONE OF THE FOLLOWING: A RECORDED WARRANTY DEED DATED AFTER
MAY 1998, A TAX CARD OR RECEIPT OR AT THE TAX ASSESSOR'S OFFICE.**

EACH DWELLING REQUIRES FIFTY (50') FEET OF ROAD FRONTAGE TO A COUNTY ROAD.

****PLEASE LIST ANY OTHER STRUCTURES ON THIS PIECE OF PROPERTY: SUCH AS
HOUSES, MOBILE HOMES, SHEDS, BARNs, ETC. _____**

<u>PERMIT TYPE</u>	<u>BUILDING TYPE</u>	<u>ZONING</u>
____ NEW CONSTRUCTION	____ RESIDENTIAL	____ FAR ____ C-1
____ ADDITION	____ COMMERCIAL	____ R-1 ____ C-2
____ MOBILE HOME	____ ASSEMBLY	____ R-2 ____ C-3
____ YEAR MODEL	____ STORAGE	____ R-3 ____ I-1 or I-2
____ SIZE	____ OTHER: _____	____ FLOOD PLAIN
____ FILL - GRADING		____ FLOOD ELEVATION

**HAVE YOU EVER BUILT A HOUSE? _____
IF SO, WHEN WAS THE LAST HOUSE BUILT? _____
ADDRESS OF THE LAST HOUSE BUILT (IF APPLICABLE). _____**

- **PLEASE BRING THE FOLLOWING:**
- SET OF HOUSE BLUEPRINTS WITH TOTAL SQ. FT.: ANYTHING UNDER ROOF OR SCALE DRAWING WITH TOTAL SQ. FT. FOR ANY OTHER BUILDINGS.
 - COPY OF MOBILE HOME FLOOR PLAN.
 - COPY OF SEPTIC DRAWING, OR SIGNED AFFIDAVIT FOR EXISTING SEPTIC SYSTEM.
 - COPY OF RECORDED DEED AND/OR CURRENT TAX CARD.
 - PLEASE HAVE THE PROPERTY OWNER FILL OUT THE INFORMATION ON THE SECOND PAGE IF THE PROPERTY IS IN SOMEONE ELSE'S NAME.
 - COPY SURVEY PLAT OR LAND LAYOUT FROM THE PROPERTY ASSESSOR'S OFFICE.

TOTAL SQ. FT. UNDER ROOF: _____.

SIGNATURE: _____ DATE: _____

Form 2

****MUST BRING PROOF OF CONTRACTOR'S LICENSE****

CONTRACTOR/BUILDER: _____

LISENCE #: _____

IS THERE ANY PART OF THIS CONSTRUCTION NOT GOING TO BE FINISHED ON THIS PERMIT/ANY OTHER REMARKS TO BE MADE: _____

*******NOTICE*******

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OF IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERSON OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FULLY UNDERSTAND THAT ANY MISSTATEMENT OR MISREPRESENTATION OF FACT, INTENTIONAL OR UNINTENTIONAL OF THE ABOVE INFORMATION SHALL CONSTITUTE GROUNDS FOR THE REVOCATION OF THIS PERMIT. I HAVE RECEIVED A COPY OF THE TIPTON COUNTY BUILDING INSPECTION SCHEDULE WITH REQUIREMENTS ASSOCIATED WITH THIS PERMIT.

I DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER SPECIFIED HEREIN OR NOT. 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: _____ **DATE:** _____

****IF THE PERSON PULLING THE PERMIT IS NOT THE LANDOWNER, PLEASE HAVE THE FOLLOWING FILLED OUT AND SIGNED BY THE LANDOWNER.**

NAME OF LANDOWNER: _____

ADDRESS: _____ **PHONE:** _____

MAP #: _____ **PARCEL #:** _____ **ACREAGE:** _____ **FOR THE LAND BEING USED.**

THIS IS PERMITTING SOMEONE ELSE TO USE MY LAND.

SIGNATURE: _____ **DATE:** _____

*******NOTICE*******

AS OF JANUARY 1, 1998, A \$25.00 REINSPECTION FEE WILL BE CHARGED WHEN ANY INSPECTION FAILS. THIS MUST BE PAID IN FULL TO THE BUILDING INSPECTOR'S OFFICE BEFORE ANY REINSPECTION WILL BE COMPLETED.

THERE ARE NO REINSPECTIONS ON FRIDAYS.

CALL IN FOR AN INSPECTION BETWEEN 8 AM AND 11 AM ON THE DAY YOU WANT THE INSPECTION. PLEASE CALL 901-476-0215 OR 901-476-0255.

****BUILDING INSPECTOR'S OFFICE HOUR'S ARE 8 AM - 11 AM, MONDAY - FRIDAY ****