City of Spring Hill
5000 Northfield Lane
Suite 520
Spring Hill, TN. 37174

Spring Hill, TN 37174
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Application for Commercial Building Permit

Property Location	Address:_____ County:_____ City/Zip_____ Business Name:_____
Permit Type & Proposed Use	**Designed Occupancy Classification per** International Building Code(IBC) __ Assembly (A1-A5) __ Institutional (I1-I4) __ Business (B) __ Mercantile (M) __ Education (E) __ Storage (S1, S2) __ Factory/Industry __ Utility & Misc. (U) __ High Hazard(H1-H5) **Flood Plain:** (Circle) YES NO **Building Information** **Total sq. ft:**_____ # of Stories:_____ # of Bathrooms_____ # of Seats_____ (Booth per 24") **Size of line** Domestic line_____ Irrigation line_____ Sewer Tap_____ Fire line_____ **Construction Cost:**_____

Description of Work To Be Preformed:

____ New Construction ____ Wrecking/Demolition ____ Move/Relocation
____ Alteration/Remodel ____ Tenant Infill/ Build Out ____ Repair/Replacement
____ Addition:_____

Building Characteristics:

Type of Frame: ___Wood ___Masonry ___ Structural Steel ___ Reinforced Concrete ___Other: _____
Type of Heating Fuel: ___Gas ___Electricity ___Other _____
Type of Mechanical: ___ Central Air Conditioning ___Geothermal ___ Other:_____
Type of Water Supply: ___Public or Private Co. ___ Private(well) ___ Other:_____
Type of Sewage: ___ Public or Private Co. ___ Private(septic tank) ___ Other:_____

Special Building /Site Feature: Grease Trap size: _____gallons Driveway concrete culvert size:_____ inches
____ Medical Gas ____Elevator ____Fire Suppression System # of Parking Spaces_____

Property Owner	Name:_____ Addess:_____ City/State:_____ Zip Code:_____ Phone:_____ Email:_____
Contractor (License & Insurance Required for Jobs $25,000 and above)	TN License#_____ Insurance #_____ Name:_____ Address:_____ City/State:_____ Zip Code:_____ Phone:_____ Email:_____

Required: 2 set of Construction Plans, Electronic file on disc, Contractor Licenses & Insurance
Email cbrooks@springhilltn.org before Submitting any Plans for Review.
Business License Required, contact Jennifer Mitchell, jmitchell@springhilltn.org

_____ _____

Applicant Signature Date City Staff Signature Date