

# BUILDING PERMIT APPLICATION

**P. 615-696-2593**

Jurisdiction CITY OF ADAMS

**PERMIT#**

Job Address					
Lot No.		Subdivision/Map Parcel			
Owner		Address		Phone	
Contractor		Architect/Designer/Engineer			
Address		Address			
Phone		Phone			
License#		License#			
Class of Work <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove					
Description of Work					
Valuation of Work:		Plan Fee		Permit Fee	
Special Conditions					
Please call 24hrs in advance for footing, framing, final inspections.					
		Type of Const	Occupancy Group	Use Zone	
		Size of Bldg	No of Stories	Max. Occ. Load	
Application Accepted by		Total Sq Ft			
Approved for Issuance by		FIRM Flood Insurance map No. ( )In ( )Out		No. of Dwelling Units	
<p align="center"><b>NOTICE</b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The 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.</p>		Sp. Approvals	Required	Received	Not Required
		ZONING			
		HEALTH DEPT			
		FIRE DEPT			
		SOIL REPORT			
		OTHER			
Signature of Contractor or Authorized Agent					
Signature of Owner (if Owner Builder)		Date			
WHEN PROPERLY VALIDATED (IN THIS SPACE), THIS IS YOUR PERMIT					

PLAN CHECK VALIDATION CK MO. CASH CC

PERMIT VALIDATION CK MO CASH CC