



CITY OF PORTLAND

BUILDING DEPARTMENT
 100 SOUTH RUSSELL STREET
 PORTLAND, TENNESSEE 37148
 Telephone 615/325-6776

INSPECTION HOTLINE: 615-805-3080

Email: buildingdepartment@cityofportlandtn.gov

Commercial/Industrial and Multi-Family Building Permit Application

Permit # _____

Project and Owner Information:	<i>An incomplete application will delay processing this application</i>
Project address:	Zip Code:
Subdivision: (If applicable)	Map and Parcel #:

Type of Property:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi-Family	
Owner/Tenants Name:	Owner/Tenant Phone:			
Address:	City:	State:	Zip:	

Contractor Information			
Company:	Contact Person:		
Address:	City:	State:	Zip:
Phone:	State of TN License#:		
	City Business License #:		
Email Address:			
Scope of work:			

Type of Improvement				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation only
<input type="checkbox"/> Interior Demolition	<input type="checkbox"/> Change of Use			
	Prior use _____		New Use _____	
<input type="checkbox"/> Relocate Structure	<input type="checkbox"/> Temporary Structure (>120 s.f. & <180 days)			

Use Group and Occupancy	
Use Group/s: (circle all that apply) A B E F H I M S U	Type of Construction: (circle all that apply) 1A 1B 2A 2B 3A 3B 4 5A 5B

Building Information				
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building height above grade _____ feet _____ inches			Number of stories above grade _____	
Floor Area Square Feet	Existing Area S/F	Remodel/Alteration S/F	New/Addition S/F	Total Per Floor
Basement				
1 st Floor				
2 nd Floor				
Mezzanine/Additional:				
Other:				
				Total All Floors

Project Cost, Construction Dates & Designated party to pay permit fee's
Total Cost of project (all trades) Include labor, materials and equipment: \$ _____

Design Professionals	
Architect:	Civil/Prof. Engineer:
Company:	Company:
Phone:	Phone:
E-Mail:	E-Mail:
License #:	License #:

Mechanical Contractor	Plumbing Contractor
Company:	Company:
Phone:	Phone:

Fire Sprinkler Contractor	Fire Alarm Contractor
Company:	Company:
Phone:	Phone:

Electrical Contractor	Other Contractor	List: _____
Company:	Company:	
Phone:	Phone:	

Applicants Certificate	
<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	
Signature: _____	Date: _____
Print Name: _____	Phone: _____