



PERMIT APPLICATION
 City of Hendersonville
 Building Department
 615-822-3802

Today's Date:		Residential <input type="checkbox"/>		Commercial <input type="checkbox"/>		Industrial <input type="checkbox"/>		Other	
Job Address:									
Type of Construction ___ IA ___ IB ___ IIA ___ IIIA ___ IIIB ___ IV ___ VA ___ VB ___ IIB				Occupancy/Use Group			Valuation:		
Type of Work New Construction ___ Addition ___ Remodel ___ Garage/Accessory ___ Deck ___ Sunroom ___ Other ___									
Sq. Ft. _____ # of stories _____		Sq. Ft. _____ # of stories _____		Sq. Ft. _____ # of stories _____		Sq. Ft. _____ # of stories _____		Sq. Ft. _____ # of stories _____	
Plumbing Work _____		Mechanical Work _____		Repair Work _____		Alteration _____		Swimming Pool _____	
OWNER:						Phone:			
Address:									
City:			State:			Zip:			
Contact Person:			Phone:			Email:			
ARCHITECT _____		ENGINEER _____		DESIGNER _____		OTHER _____			
Address:									
City:			State:			Zip:			
Phone:			Email:						
CONTRACTOR:						PHONE:			
Address:									
City:			State:		Zip:		Email		
State License Number:					License Type:				

PROJECT DESCRIPTION

Describe what you are doing:

I agree to comply with all applicable City and state laws relating to building construction. I authorize representatives from the City to enter upon the above-identified property for inspections purposes. I understand the permit expires after 180 days per City of Hendersonville Ordinance. I understand I am responsible for the work performed and responsible that work performed meets minimum code requirements.

I hereby certify that I am the ___ Owner ___ Owner's Agent

Print Name _____ Date: _____

Signature of Owner or Owner's Agent: _____ Intake by: _____