



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

Permit # _____

Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Tenant Improv. <input type="checkbox"/> Pool <input type="checkbox"/> Indus. <input type="checkbox"/> Demo <input type="checkbox"/> Other <input type="checkbox"/>	
Job Address: _____	Today's Date: _____
Type of Construction	
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	
Occupancy/Use Group: _____	Valuation: _____
Type of Work:	
New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Garage/Accessory <input type="checkbox"/> Deck <input type="checkbox"/> Sunroom <input type="checkbox"/> Pool <input type="checkbox"/> Patio/Gazebo <input type="checkbox"/> Plumb. <input type="checkbox"/> Mech. <input type="checkbox"/> Electrical <input type="checkbox"/> Demo <input type="checkbox"/> Other <input type="checkbox"/> _____	
Square footage: Total: _____ Number of stories _____	
Heated sq. ft. _____	Addition sq. ft. _____
Remodel sq. ft. _____	Garage/Accessory sq. ft. _____
Deck sq. ft. _____	Sunroom sq. ft. _____
Patio/Gazebo sq. ft. _____	Pool sq. ft. _____
Demo sq. ft. _____	
OWNER: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Contact Person: _____	Phone: _____ Email: _____
ARCHITECT _____ ENGINEER _____ DESIGNER _____ OTHER _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____
CONTRACTOR: _____ PHONE: _____	
City: _____	State: _____ Zip: _____ Email: _____
State License Number: _____	License Type: _____

PROJECT DESCRIPTION

Describe what you are doing:

PLEASE TURN PAGE OVER TO COMPLETE APPLICATION

