

CITY OF MILLERSVILLE

APPLICATION for BUILDING ALTERATION PERMIT

Instructions: Complete all information that is not highlighted with tan. (Tan is for office use only.)

DATE RECEIVED: _____		PERMIT NUMBER: _____		ZONING: _____	
Flood Plain	Yes	No	Flood Map#	JOB TYPE: (Choose One)	
COUNTY	Sumner		Robertson	Home	Multiple Dwelling
BUILDING TYPE (Choose one)	Commercial		Industrial	Nominal	Job Trailer
Structure's Current Use:				Commercial	Mobile Home (used / new)

LEGAL DESCRIPTION			
Map	Group	Parcel	Subdivision
For Accessory Structures - complete the following:			
Square Footage of the Principal Structure's Footprint		Acreage or Dimensions of lot:	
How many Accessory Structures currently on the lot? _____		Total Sq. Ft. of all structures _____	

JOB LOCATION		MAILING INFORMATION	
Circle 1: Owner	Tenant	Name of Owner or Tenant:	
Name of Owner or Tenant:		Street Address	
Job Street Address:	Lot Number	City	State Zip
Home Phone Number	Mobile Phone Number	Work Phone Number	Fax Number

Select one of the following: BUILDER CONTRACTOR DEVELOPER			
Name:		Mailing Address/ Street	
City	State	Zip	Work Phone Number Mobile Phone Number
License Number	Fax Number	NOTICE: If this endeavor requires DEMOLITION, a separate permit is required.	

REPAIRS OR ALTERATIONS	
List all repairs or alterations to be made. (Attach additional paper or continue on back if necessary.)	
CLASS OF WORK:	Alteration Cost\$ _____ Repair Cost: \$ _____

PLEASE READ

Separate permits required for electrical, plumbing, or HVAC are not available through the City of Millersville.

This permit becomes null and void if work or construction has not commenced within **six months**, or if construction or work is suspended or abandoned for a period of **six months** at any time after work is commenced. All material and workmanship shall comply with the adopted codes of the City of Millersville. The issuance of this permit does not verify compliance with the Americans with Disability Act or other federal or state laws or regulations concerning construction requirements for persons with disabilities.

YOUR SIGNATURE ACKNOWLEDGES THE FOLLOWING: I hereby acknowledge that I have read this application and state that the above is correct and I agree to comply with all city ordinances (including Design Criteria), state laws or regulations regarding construction and work authorized by the permit. I understand that circumstances may arise that could delay the issuance or denial of any permit, one being, the pre-construction meeting.

Authorized Signature:	Please mark the appropriate one: Owner Contractor Tenant
Reviewer's Signature:	Date:
Signature	Date

This application is not your Building Permit.

Please allow no less than 3 business days for processing this application prior to the issuance/denial of Building Permit.

The following must be attached to this application when applicable:

- Plot Plan
- Proof of Workmans Comp. Insurance
- Copy of State License (Front and Back)

TO AVOID DELAYS - YOU MUST COMPLETE THIS APPLICATION IN ITS ENTIRETY. IF IT DOES NOT APPLY TO YOU, WRITE n/a.

CERTIFICATE OF OCCUPANCY REQUIRED BEFORE OCCUPYING REPAIRED PORTION.

The State of TN requires a Home Improvement Contractor's License for all work over \$3,000, and a Contractor's License for all work over \$25,000.